

6/9/2020

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE TORTUGA REAL ESTATE MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

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TO: Amendment Section
Division of Corporations

SUBJECT: Tortuga Real Estate Management Inc.
Name of Corporation

DOCUMENT NUMBER: P15000010590

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Darden

Name of Contact Person

Polsinelli PC

Firm/Company

150 N. Riverside Plaza, Suite 3000

Address

Chicago, IL 60606

City/State and Zip Code

kdarden@polsinelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Darden

Name of Contact Person

at (312) 463-6381

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tortuga Real Estate Management Inc.
2. The principal office address: 80 SW 8th Street, Suite 2100
Miami, FL 33130
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/02/2015 Document number: P15000010590
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alcalay, Tomer L., Esq.7800 Congress Ave., Suite 206Boca RatonFL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company1201 Hays StreetP.O. Box NOT acceptableTallahasseeFL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Scott Sherman

Signature of an officer or director

Scott ShermanPTSD

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service CompanyBy: Amanda E. Robinson06/09/2020

Date

If signing on behalf of an entity:

Amanda Robinson, Asst. Vice President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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