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COVER LETTER

TO: Registration Section Division of Corporations

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Gateway Lauderdale Investments, Inc.

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louise Jaffe

Name of Person

Midgard Management, Inc.

Firm/Company

1475 W. Cypress Creek Road, Suite 202

Address

Fort Lauderdale, FL. 33309

City/State and Zip Code

LJaffe@midgardmanagement.com

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

For further information concerning this matter, please call:

Louise Jaffe	954 at (640.0233
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		<u>Street Address:</u>
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company:	auderdale li	ivestments. In	
(a)	1475 W. Cypress Creek Road		(b) Same	
()	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ıy:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 202			
	Fort Lauderdale, FL. 33309			
	03.07.2016		P160000	022065
	Date of filing/registration in Florida	4.		Document number
(a)	Cliff Hertz			
()	Registered Agent and Registered Office shown on the reco	ords of the Fl	orida Dept. of S	itate:
	Nelson Mullins Broad and Cassel			
	Registered Office Address (MUST BE FLORIDA ST	REET <u>ADDR</u>	(ESS)	
	Registered Office Address (MUST BE FLORIDA ST One N. Clematis St. #500	<u>REET ADDR</u>	<u></u>	
	One N. Clematis St. #500			- Internet
	One N. Clematis St. #500			SECONDET 1
(b)	One N. Clematis St. #500 West Palm Beach	_, FL)	TALLANA SSC
(b)	One N. Clematis St. #500	_, FL)	THE COPETARY OF
(b)	One N. Clematis St. #500 West Palm Beach	_, FL)	TALLATIANS SELLATION
(b)	One N. Clematis St. #500 West Palm Beach Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	_, FL)	FILL HASSEL FLORE
(b)	One N. Clematis St. #500 West Palm Beach Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> 360 South Rosemary	_, FL)	TALL AND SECONDER STATES

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ise Signature of a member or authorized representative of a member Printed or typed name of signce

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 obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00