L21000420263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 29 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERTOSA LLC
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:

JENNIFER LEVIN, ESQ.
Name of Person

FROMBERG, PERLOW & KORNIK, P.A.
Firm/Company

20295 NE 29TH PLACE, SUITE 200
Address

AVENTURA FL 33180
City/State and Zip Code

JLEVIN@FPK-LAW.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JENNIFER LEVIN at (305) 933-2000
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
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

INHS18 (2/14)

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.

1. Name of the limited liability company: ERTOSA LLC

2. (a) 7001 SHRIMP ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
STOCK ISLAND, FL 33040

(b) 115 NE 4TH AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 116
DELRAY BEACH FL 33483

3. September 23, 2021
Date of filing/registration in Florida

4. L21000420263
Document number

5. (a) BEST OPTIONS LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1145 VIA JARDIN
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
WEST PALM BEACH, FL. 33418

(b) DADE COUNTY CORPORATE AGENTS, INC.
Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address
20295 NE 29TH PLACE
NEW Registered Office Address:
SUITE 200
AVENTURA, FL. 33180

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

Signature of a member or authorized representative of a member

ERIC PELLETIER
Printed or typed name of signee

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

INHS18 (2/14)