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S. Cettricate of Substituting Fee Regulated Fee Regulated 7. Name and Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of P.O. Box Number is Not Acceptable) City FL 2p Code A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatorie of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories agent, or both, in the State of Florida. I am familiar with, and accept the obligatories agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida S	City & State		City & State							
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BOCA RATON, FL 33452 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am familiar with, and accept the obligation of registered agent. Make check psyable to Florida Department of State Flux MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CI ANGES City St. Zip Code MALE ADDITIONS/CITY St. Zip Code City St. Zip Code MALE ADDITIONS/CITY St. Zip	GREGG H	. GLICKSTEIN, P.A.						•		
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