## L13000102402

| (Requestor's Name)                      |                   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| . (Address)                             |                   |             |  |  |  |
| (Ci                                     | ty/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Business Entity Name)                  |                   |             |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificate:    | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
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## **COVER LETTER**

,TO:

|   | istration Section<br>sion of Corporations |                          |                                      |  |  |
|---|---|--------------------------|--------------------------------------|--|--|
| SUBJECT:                                      | Haber Architecture, LLC                   |                          |                                      |  |  |
|   | Name of Limited Liability Company         |                          |                                      |  |  |
| Dear Sir or N                                 | Madam:                                    |                          |                                      |  |  |
| The enclosed                                  | d Registered Agent/Registered Offic       | e Change at              | nd fee(s) are submitted for filing.  |  |  |
| Please return                                 | all correspondence concerning this        | matter to th             | ne following:                        |  |  |
| Jason Hat                                     | per                                       |                          |                                      |  |  |
|   |   |                          | <del></del>                          |  |  |
|   | Name of Person                            |                          |                                      |  |  |
| Haber Bla                                     | nk, LLP                                   |                          |                                      |  |  |
|   | Firm/Company                              |                          |                                      |  |  |
| 888 S. And                                    | drews Ave., Ste. 201                      |                          |                                      |  |  |
|   | Address                                   |                          |                                      |  |  |
| Ft. Lauder                                    | dale, FL 33316                            |                          |                                      |  |  |
|   | City/State and Zip Code                   |                          |                                      |  |  |
| jhaber@ha                                     | aberblank.com                             |                          |                                      |  |  |
| E-mail  | address: (to be used for future annu      | al report no             | tification)                          |  |  |
| For further is                                | nformation concerning this matter, p      | olease call:             |                                      |  |  |
| Jason Hab                                     | per                                       | 954                      | 767-0300                             |  |  |
|   | Name of Person                            |                          | Area Code & Daytime Telephone Number |  |  |
| STR   | REET/COURIER ADDRESS:                     | ŗ                        | MAILING ADDRESS:                     |  |  |
| <del>_</del>                                  |   | Registration Section     |                                      |  |  |
|   |   | Division of Corporations |                                      |  |  |
| 3   |   | Box 6327                 |                                      |  |  |
| 2661<br>Talls                                 | Γallahassee, Florida 32314                |                          |                                      |  |  |
| Enclosed is a check for the following amount: |   |                          |                                      |  |  |
| ☑ \$  | 25 Filing Fee                             |                          | \$55 Filing Fee & Certified Copy     |  |  |
| INHS18 (2/14                                  | <b>!</b> )                                |                          |                                      |  |  |

## 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.                         | Na                          | me of the limited liability company:   | cture,                                       | LLC   |  |
|----------------------------|-----------------------------|--|--|---|--|
| 2. (                       |                             | 7381 SW 18th Street, Plantation, FL 33317  | (  | 7381 S  | W 18th Street, Plantation, FL 3331   |
| 2. (                       | · <del>-</del> /            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
| 3.                         |                             | 7/19/2013  Date of filing/registration in Florida  | <br>-<br>4.                                  | L130001   | 02402 Document number  |
|                            |                             |  |  |   |  |
| 5.                         | (a)                         |  | ce Address (MUST BE FLORIDA STREET ADDRESS)  |   |  |
|                            |                             | Ft. Lauderdale   | 33394  | •   | 14 SEP -8 PH 1   |
|                            |                             | ,,12   |  |   |  |
| `                          | (b)                         | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Haber Blank, LLP  |  | ddress:   | _  |
|                            |                             | NEW Registered Office Address:   |  |   |  |
|                            |                             | 888 S. Andrews Avenue, Suite 201   |  |   | _  |
|                            |                             | Ft. Lauderdale, FL   | 33316  | • · · · · · · · · · · · · · · · · · · ·                   | _  |
| the<br>age                 | cha<br>nt v<br>/we          | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the | the regability of the lir                    | istered office<br>company, it<br>nited liabili            | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in  |
|                            |                             | // farally   | Ja   | son Habe  | r, Attorney  |
|                            |                             | ture of a member or authorized epresentative of a member   |  |   | Printed or typed name of signee  |
| pro<br>the<br>to p<br>noti | vist<br>obl<br>iere<br>fied | by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if it writing of this change.  | ree to ac<br>perforn<br>d for in<br>hereby c | ct in this ca<br>nance of my<br>Chapter 60<br>confirm tha | pacity. I further agree to comply with the values, and I am Jamiliar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been |
| Sigi                       | atu<br>/                    | re of Registered Agent   |  |   |  |
| /                          |                             | Division of Corporations• P.O. I<br>FILING F   |  |   | assee, FL 32314  |