

L15000 119085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

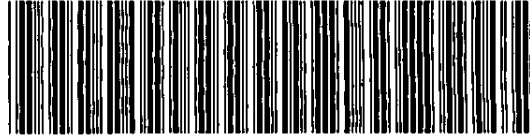
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700287774757

07/11/16--01025--008 **25.00

16 AUG 15 PM 4:34
ALLA HASSSE, FLORIDA

AUG 16 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 19 SOUTH SWINTON 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:

STEVEN COHEN
Name of Person

19 SOUTH SWINTON LLC
Firm/Company

1140 BAUHINIA ROAD
Address

DELRAY BEACH FLORIDA 33483
City/State and Zip Code

SCOHEN@MANIMALLAND.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN COHEN at (954) 6460135
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

STEVEN COHEN
1140 BAUHINIA ROAD
DELRAY BEACH, FL 33483

SUBJECT: 19 SOUTH SWINTON LLC
Ref. Number: L15000119085

2016 AUG 15 PM 3:35
CALL CENTER

We have received your document for 19 SOUTH SWINTON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO COMPLETE THE ENTIRE APPLICATION

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 516A00014647

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: 19 SOUTH SWINTON LLC

2. (a) 1140 BAUHINIA ROAD, DELRAY BEACH, FL. (b) 1140 BAUHINIA ROAD DELRAY BEACH,
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. JULY 5 2016 4. L15000119085
 Date of filing/registration in Florida Document number

5. (a) DEBRA MANN COHEN
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1140 BAUHINIA ROAD
DELRAY BEACH, FL 33483

(b) DEBRA MANN COHEN
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1140 BAUHINIA ROAD
DELRAY BEACH
FL 33483

16 AUG 15 PM 4:34
 TALLHASSEE, FLORIDA

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.

Steven Cohen
 Signature of a member or authorized representative of a member

STEVEN COHEN
 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]
 Signature of Registered Agent