L07000114057

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000004715 3)))

H09000004715ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : SEIDEN,ALDER,MATTHEWMAN & BLOCH,P.A.
Account Number : I20060000136
Phone : (561)416-0170
Fax Number : (561)416-0171

RECEIVED
2009 JAN -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE,FLORIDA

FILED
09 JAN -8 AM 8:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

DON'T TASE ME, BRO! LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$35.00~~

T. HAMPTON

$25.00

https://efile.sunbiz.org/scripts/efilcovr.exe

1/8/2009

JAN - 9 2009

EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

(((L H09000004715 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Don't Tase Me, Bro! 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:

Joel B. Rothman
(Name of Person)

Seiden, Alder, Matthewman & Bloch, P.A.
(Firm/Company)

7795 NW Beacon Square Blvd., Suite 201
(Address)

Boca Raton, Florida 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel B. Rothman at (561) 416-0170
(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

INHS18 (5/08)

((H09000004715 3))

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Don't Tase Me, Bro! LLC

2. (a) Principal office address of limited liability company: 1234 Jasmine Circle, Weston, Florida 33326
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1234 Jasmine Circle, Weston, Florida 33326
(Note: MAY BE POST OFFICE BOX)

November 13, 2007
3. Date of filing/registration in Florida

L07000114057
4. Document number

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

Registered Agent: Joel B. Rothman

Registered Office Address: 2300 Glades Road, Suite 340, West Tower, Boca Raton, Florida 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Joel B. Rothman

NEW Registered Office Address: 7795 NW Beacon Square Blvd., Suite 201, Boca Raton, FL 33487
(MUST BE FLORIDA STREET ADDRESS)

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)

Joel B. Rothman
(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 608, 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 (05/08)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -8 AM 8:01