# L070000 81379

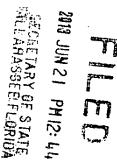
	(Requestor's Name)		
•			
	(Address)		
-			
(Address)			
(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of St	atus	
Special Instructions to Filing Officer:			
}			
		:	
İ			

Office Use Only



000249089070

06/21/13--01017--001 \*\*25.00



D. BRUCE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## $_{ ext{Surject.}}$ A & J LYNMOORE HOLDINGS ONE, 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:

### MARY W. KURLANSIK

Name of Person

COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.

Firm/Company

9400 S. DADELAND BLVD, STE 600

Address

MIAMI, FLORIDA 33157

City/State and Zip Code

aelipson@msn.eem

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Kurlansik

<sub>at</sub> 305

670-0201

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

# 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.

agent, or both, in the State of Florida.	8	-,,,	
1. Name of the limited liability company: A&JLYNMOORE	E HOLDINGS ONE, LLC		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany: 398 E. DANIA BEACH BOULEVARD		
(Note: MCSI BE SIREE! ADDRESS)	DANIA BEACH, FLORIDA 33004		
42.24.22			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	398 E. DANIA BEACH BOULEVARD SUITE 395		
	DANIA BEACH, FLORIDA 33004		
08/08/2007	L07000081379		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown Registered Agent:	JOSEPH BARRY SCHIMMEL, ESQUIRE		
Registered Office Address:	9400 S, DADELAND BOULEVARD		
	SUITE 600		
	MIAMI, FLORIDA 33156		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Agent</b>	NEW Registered Office addre	AHE JUN 2	
NEW Registered Agent:	RA CORPORATE SERVICES, INC.	Last - Sandadi	
<b>NEW</b> Registered Office Address:	9400 S. DADELAND BOULEVARD	5 7 T	
(MUST BE FLORIDA STREET ADDRESS)	SUITE 600	22	
	MIAMI	FI_38156	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the relentical. Or, in the case of a Flecs) was/were authorized by an arriving provided in the articles of	registered office	

ARTHUR E. LIPSON, MANAGER

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 698. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby 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