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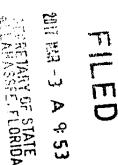
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(Address)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	LMK EQUIPMENT, LLC			
DODUE		of Limited L	iability Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Office	e Change and	I fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this	matter to the	following:	
ADAM	J. STEINBERG			
	Name of Person	-	_	
ADAM J. STEINBERG, P.A.				
Firm/Company				
200 S	. ANDREWS AVENUE, SUITE 903	İ		
	Address		_	
FT. LA	NUDERDALE, FL 33301			
	City/State and Zip Code			
adam(@adamsteinberglaw.com			
E-	mail address: (to be used for future annua	l report notif	ication)	
For furt	her information concerning this matter, pl	case call:		
Adam -	J. Steinberg	954	548-3357	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		AILING ADDRESS:	
Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
			lahassee, Florida 32314	
	Tallahassee, Florida 32301	141	lanassee, Piorida 32314	
Enclosed is a check for the following amount:				
ļ	□ \$25 Filing Fee	Q \$5	5 Filing Fee & Certified Copy	
INHS18	(2/14)			

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.

QUIPMENT, LLC
(b) 1131 NW 55 STREET
any: Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX) FORT LAUDERDALE, FL 33309
TONT ENOBEROALE, TE 00000
L0600000409
4. Document number
cords of the Florida Dept. of State:
,FL 33301
NBERG, P.A. Statered Office address: Clare of STATE Control of
, FL_ 33301
the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the registered litted liability company, it is hereby confirmed that the change(s) abers of the limited liability company or as otherwise provided in of the limited liability company. Printed or typed name of signee and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and accept rovided for in Chapter 603, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been P.O. Box 6327. Tallahassee, FL 32314