

6/20/22, 9:07 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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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.

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To:

Division of Corporations  
Fax Number : (350)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC  
Account Number : 120080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: thomas.katz@katzbaskies.com

## REGISTERED AGENT CHANGE

LAF, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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AND  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAF, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000001487

The enclosed Statement of Change of Registered Office and/or Registered Agent and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

THOMAS O. KATZ

Contact Person

KATZ BASKIES & WOLF PLLC

Firm/Company

3020 NORTH MILITARY TRAIL SUITE 100

Address

BOCA RATON, FL 33431

City, State and Zip Code

micheles@stor-all.com

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

For further information concerning this matter, please call:

Thomas O. Katz

at (561) 910-5700

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LAF, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/08/1997

Date of filing/registration in Florida

3. A97000001487

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Larry W. Anderson

Name

141 SE 1st Street

Address

Deerfield Beach, FL 33441

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Katz Baskies & Wolf PLLC

Name

3020 North Military Trail Suite 100

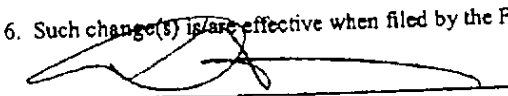
Florida street address (P.O. Box not acceptable)

Boca Raton

FL 33431

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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