L0000002240

Theodore Stotzer						
321 East Hills by Blud.						
The solve Statzer (Requestor's Name) 321 East Hills boro Blud. (Address) Deer Field Beach, H. 3344						
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U06-2240

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. The name of the limi	ted liability company is:	SWERDLOW LIGHTSP	EED MANAGEMENT	COMPANY	, LLC	
2. The mailing address	of the limited liability comp	any is :465	l Sheridan Stre	et, Suit	e 200,	. <u> </u>
Hollywood, Florida,	33021	· · · · · · · · · · · · · · · · · · ·				· ,
2/28/00		·IO	0000002240			
3. Date of filing/registra	ation in Florida	4. Doc	ument number			
5. The name of the regis Florida Department o	stered agent and the registere f State:	ed office address	as shown on the	records	of the	
	Theodore R. Stotzer.			89		
	c/o Swerdlow Real Est 4651 Sheridan Street	ame tate Group, LLC . Suite 200 dress				
	Hollywood, Florida City, Sta	33021 te and Z ip				-
5. The name and address of the new registered agent and/or office:				_ 	(1) (1) (2)	
	Theodore R. Stotzer.					
	C/o Swerdlow Boca Dev 321 East Hillsboro B	ne velopers Group, I lyd.	LLC		*	
	Florida street address (P.	.O. Box NOT acc	ceptable)		: 7.5	(, <u>, , , , , , , , , , , , , , , , , , </u>
	Deerfield Beach F	L 33441				
	City, State	and Zip		.,		•
confirmed that after the and the business office of iability company, it is he members of the limit he operating agreement it. BONEFISH PARTINES, y:	mpany is not organized und change or changes are made of the registered agent will be ereby confirmed that the chated liability company or as o of the limited liability company. Its fell includes the period of the limited liability company.	the Florida stree e identical. Or, in	et address of the of the case of a F	register lorida li:	ed office mited	ote of
Signature of a member or author	orized representative of a member)					
(Printed or typed name of signe	-		A 7-4	=** .		. *** \ *** =
	ointment as registered agent ons of all statutes relative to nd accept the obligations of f this document is being filed m that the limited liability co		in this capacity omplete perform egistered agent t a change in the notified in writi	I furth lance of as provider registe ng of thi	er agre my dui ded for red offi s chan	ee to ties, in ice ge.
Signature of Registered August	Theodore R. Stotzer, Regi	istered Agent				

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

FILING FEE: \$25.00