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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

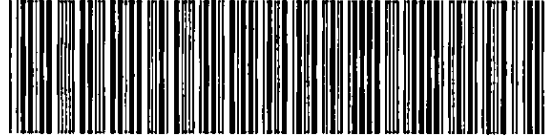
(Business Entity Name)

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2021 JAN 11 PM 5:32

OLIVER J. LANGSTADT, P.A.

OLIVER J. LANGSTADT, ESQ.

ATTORNEY AT LAW

1108 Ponce De Leon Blvd.

Coral Gables, FL 33134

PHONE: (305) 648-3909 FAX: (305) 648-3910

langstadt@langstadtlaw.com

MEDIATOR

ARBITRATOR

December 11, 2020

Via Priority Mail only

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Re: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

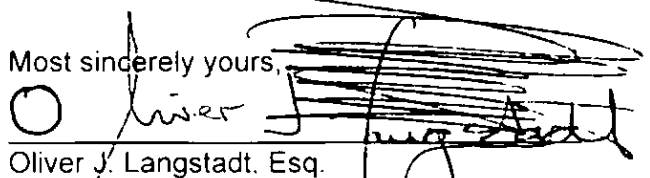
Dear Sir or Madam:

Good day. Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company of E.E. & D.E., L.L.C. executed by Leon Egozi, as member of the company. Also, please find a check in the amount of \$25.00 made payable to the Florida Department of State, which is the requisite amount for changing the registered Agent and the Registered Office. of E.E. & D.E., L.L.C. Kindly file and update of E.E. & D.E., L.L.C..

Should you have any questions, please do not hesitate to contact our office.

Respectfully,

Most sincerely yours,


Oliver J. Langstadt, Esq.

OJL/mb

Enclosures as stated

COVER LETTER

TO: Registration Section
Division of Corporations

E.E. & D.E. L.L.C.

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:

Oliver J. Langstadt, Esq.

Name of Person

Oliver J. Langstadt, P.A.

Firm/Company

1108 Prince de Leon Blvd.

Address

Coral Gables, FL 33134

City State and Zip Code

langstadt@langstadtlaw.com

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

For further information concerning this matter, please call:

Oliver J. Langstadt

345

(48-3903)

411

Name of Person

Area Code & Daytime Telephone Number

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

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 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.

1. Name of the limited liability company: <u>E.E. & D.E., L.L.C.</u>	
2. (a) <u>21097 NE 27th court</u> Principal office address of limited liability company <u>(Note: MUST BE STREET ADDRESS)</u> <u>Suite 335</u> <u>Aventura FL 33180</u> <u>10/12/2001</u>	(b) <u>21097 NE 27th court</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>Suite 335</u> <u>Aventura FL 33180</u> <u>10/000017599</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>Morris Law Group</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State <u>7000 W. Palmetto Park Road</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>Suite 205</u> <u>Boca Raton FL 33433</u>	
(b) <u>Oliver J. Langstadt, Esq.</u> Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office address:</u> <u>1108 Ponce de Leon Blvd.</u> <u>NEW Registered Office Address:</u> <u>Coral Gables FL 33134</u>	

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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.

<u>Signature of a member or authorized representative of a member</u>	<u>Leon Egozi</u> Printed or typed name of signer
<i>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 605, 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.</i>	
<u>Signature of Registered Agent</u>	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00