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COVER LETTER

TO: Registration Section Division of Corporations	· •	
·		
SUBJECT: Joel B. Rothman, P.L.		
Name of Limited	d 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:		
Joel B. Rothman		
Name of Person		
Arnstein & Lehr, LLP Firm/Company	 	
Tunecompany		
515 N. Flagler Drive, Ste 601		
Address		
West Palm Beach, FL 33401		
City/State and Zip Code		
irothman@arnstein.com E-mail address: (to be used for future annual report notificati	on)	
For further information concerning this matter, ple	ase call:	
Joel B. Rothman at (561) 650-8480	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
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.

- G , , ,		
Name of the limited liability company:	Joel B. Rothman, P.I	
2. (a) Principal office address of limited liability company	7: 3175 Eque	strian Drive
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33434	
(b) Mailing address of limited liability company:	3175 Equestrian	Drive
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33434	
1/9/2002	L02000001	
3. Date of filing/registration in Florida	4. Document number	AR 66
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	eptent State
Registered Agent:	Joel B. Rothman	
Registered Office Address:	7795 Beacon Square Blv Boca Raton, FL 33487	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office addre	<u>ss</u> :
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 N. Flagler Drive, Ste 601	
	Boca Raton	"FL <u>33401 </u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the re ical. Or, in the case of a Flo was/were authorized by an	egistered office orida limited affirmative vote
Joel B. Rothman		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am fanishar with and accept the obligations of my po Chapter 606, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signalure of Registered Agent	gree to act in this capacity. Sper and complete performa sition as registered agent as rely reflect a change in the i y has been notified in writing	I further agree to nee of my duties, provided for in egistered office g of this change.

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