10300012854

(Requestor's Name)				
(Address)				
(Address)				
(0	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



400300269064

86/28/17--01019--012 **25.06

2011 JUN 23 PM 4: 30 SLUKE LARY DE STATE

K SALY
JUN 27 2017

COVER LETTER

TO: Registration Section . Division of Corporations .				
Aragon Development, LLC SUBJECT:				
Name of Lin	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Patrick DiSalvo				
Name of Person				
DiSalvo & Associates, PLLC				
Firm/Company				
1760 N Jog Road, Suite 150				
Address				
West Palm Beach, FL 33411				
City/State and Zip Code				
pdisalvo@d-acpa.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please of	rall:			
Patrick DiSalvo, CPA 5	61 659-1177			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	☐ \$55 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.

1.	Name of the limited liability company: Aragon Deve	lopment, Ll	_C
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10557 Galleria Street	10	557 Galleria Street
	Wellington, FL 33414	W	ellington, FL 33414
	04/09/2003	L03	000012854
3.	Date of filing/registration in Florida	4.	Document number
5. (a	a)		
J. (Registered Agent and Registered Office shown on the records of	the Florida Depi	t. of State:
	Mordechay Shahak		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	15722 Sunnyland Lane		- 18
	Wellington . FL		
	, FL		一気で
(b)		
, .	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	DFS Agent LLC		MIT JUN 23 RM 4: 30 MATCHER SEE PROBLEMS
	NEW Registered Office Address:		
	1760 N Jog Road, Suite 150	-	
	West Palm Beach	33411	
agent was/v	e limited liability company is not organized under the lathange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	- Ju	Mordeo	hay Shahak, MGRM
	nature of a mumber or authorized representative of a member		Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and agrees of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I dead in writing of this change.	ree to act in the performance of for in Chap hereby confir.	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signa	ture of Registered Agent		