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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
APR - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: 200 East Partners, LL0	C	
	e 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	ng this matter to the following:	
Lon Tabatchnick		
(Name of Person)		
200 East Partners, LLC		
(Firm/Company)		
3501 N. Ocean Drive		
(Address)		
Hollywood, FL 33019		
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
Lon Tabatchnick	at (954) 922-6491	
(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 follow	ing amount:	
	☐ \$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.

in the State of Frontia.		
Name of the limited liability company: 200 East Partners, LLC		
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 3501 N. Ocean Drive Hollywood, FL 33019	•
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3501 N. Ocean Drive Hollywood, FL 33019	D
9 29 04 3. Date of filing/registration in Florida	<u>L04000071073</u> 4. Document number	<u>_</u>
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of Sta	te: 🕳 🚆
Registered Agent:	Shear, David, Esq.	SECRI VISION 9 API
· Registered Office Address:	201 Alhambra Circle, Suite 601 Coral Gables, FL 33134	FILEC OF COR
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: Wilson Atkinson, Esq.	STATE STATE OR STATE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	One Financial Plaza, Suite 1400	
	Ft. Lauderdale ,FL 33	374
If the limited liability company is not organized under the that after the change or changes are made, the Florida structure of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and t case of a Florida limited liability comp by an affirmative vote of the members	the business any, it is of the limited
Lon J. Tabatchnick		
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the partial amount of the partial with and accept the obligations of my position. Or, if this document is being find to merely reflect confirm that the limited liability company has been notification.	agree to act in this capacity. I further proper and complete performance of my on as registered agent as provided for in change in the registered office addressed in writing of this change.	agree to duties, and I Chapter 608, s, I hereby
(Signature of Registered Agent)	STIV >	

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