

Apr-13-11

04:46pm

From: Kirk Pinkerton SH1200 012326

04/13/2011

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION  
Account Number : 071670002600  
Phone : (941) 364-2481  
Fax Number : (941) 364-2490

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hs@schicklerart.com

LLC REGISTERED AGENT CHANGE  
HOWARD SCHICKLER FINE ART, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2011 APR 13 AM 8:52

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Howard Schickler Fine Art, LLC  
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:

David M. Silberstein, Esq.

Name of Person

Kirk Pinkerton, P.A.

Firm/Company

50 Central Avenue, Suite 700

Address

Sarasota, FL 34236

City/State and Zip Code

hs@schicklerart.com

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

For further information concerning this matter, please call:

David Silberstein

Name of Person

at ( 941 )

364-2481

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

FILED  
2011 APR 13 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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. Name of the limited liability company: Howard Schickler Fine Art, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

11/09/2004

3. Date of filing/registration in Florida

L04000081321

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

David M. Silberstein

Registered Office Address:

50 Central Ave., Suite 700  
Sarasota, FL 34236

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Howard Schickler

**NEW Registered Office Address:**

1666 Bahia Vista St.

**(MUST BE FLORIDA STREET ADDRESS)**

Sarasota, FL 34239

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.

\*

Signature of a member or authorized representative of a member

Howard Schickler

Printed or typed name of signer

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 608, 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.

\*

Signature of Registered Agent

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

FILING FEE: \$25.00