104000092841

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



100290934231

10/06/16--01012--013 **25.00

16 OCT - 5 AN IS: 42

""T 0 7 2016

"'ILKER

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJI	1865 WOOLBRIGHT ROAD	LLC			
CODG		ne of Limited Li	ability Company		
Dear S	ir or Madam:				
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
ADAI	M SELIGMAN, ESQ.				
	Name of Person	****	_		
WAR	D DAMON PL				
	Firm/Company		<u> </u>		
4420	BEACON CIRCLE				
	Address		_		
WES	T PALM BEACH, FL 33407				
	City/State and Zip Code		_		
ASEL	LIGMAN@WARDDAMON.COM				
E	E-mail address: (to be used for future ann	ual report notifi	cation)		
For fu	rther information concerning this matter,	please call:			
ADA	M SELIGMAN	561	842-3000		
	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	Reş Div P.C Tal	AlLING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS1	8 (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.	Na	me of the limited liability company: 1865 WOOLE	RIGHT	T ROAD L	.LC			
2.	(a)	7 LAGOMAR ROAD	(b	7 LAGO	MAR ROAD			
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~	/	Mailing address of (Note: MAY BE		-	
		PALM BEACH, FL 33480		PALM B	BEACH, FL 33	3480		
		12/23/2004		L040000	92841			
3.		Date of filing/registration in Florida	4.		Document num	nber	. <u>-</u>	
5.	(a)	MATHIEU P. ROSINSKY			_			
` ,		Registered Agent and Registered Office shown on the records of MATHIEU P. ROSINSKY	the Florida	a Dept. of Stat	e:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7 LAGOMAR ROAD			-	٠		
		PALM BEACH ,FL	33480)	_		16 0	
(b)	(b)	ADAM R. SELIGMAN, ESQ.			_	ें दें हैं हैं हैं हैं	9-100	. ~
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:				· .
		ADAM R. SELIGMAN, ESQ.			_		全 源 4	T T
		NEW Registered Office Address:				7	3	
		WARD DAMON PL, 4420 BEACON CIRCLE	Ξ		_			
		WEST PALM BEACH , FL	33407		_			
the age wa	cha ent v s/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confirmation of the limited l	stered offic ompany, it i nited liabilit liability con	e and the busine is hereby confir ty company or a npany.	ess office oned that the	of the r	egistered ige(s)
_	ianal	ture of a member or authorized representative of a member	- IVIA	ипер Р	. ROSINSKY Printed or typed 1	name of sign		
I h pro the to i noi	visi obl nere ified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I it is writing of this change.	ee to act perform d for in (hereby c	t in this cap ance of my Chapter 603 onfirm that	= *	-		with the nd accept ing filed s been