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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Law Offices of Mara Shlack	man, P.L.			
	Nan	Name of Limited Liability Company			
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to the	following:		
Mara	a Shlackman				
	Name of Person				
Law	Offices of Mara Shlackman, P.L.				
	Firm/Company				
757	SE 17th Street, #309				
	Address				
Fort	Lauderdale, FL 33316				
	City/State and Zip Code				
mara	a@shlackmanlaw.com				
	E-mail address: (to be used for future ann	ual report noti	fication)		
For fu	orther information concerning this matter,	please call:			
Mara	a Shlackman	954 at (523-1131		
	Name of Person	\	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:		
	Registration Section	Re	egistration Section		
	Division of Corporations		ivision of Corporations		
	Clifton Building		O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Та	allahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

TO:

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.

I. N	ame of the limited hability company:	of Mara Shlackman, P.L.
2. (a)		(b) 757 SE 17th Street, #309
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33316	Fort Lauderdale, FL 33316
	01/04/2005	L05000000912
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Bruce M. Gottlieb, Esq.	
(b)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
	125 North 46th Avenue	
	Hollywood	33021
		·—————————————————————————————————————
	Richard Sierra, Esq.	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:
	Richard Sierra & Associates, PA	
	NEW Registered Office Address:	PH 5: 48
	6810 N. State Road 7	# 8
	Coconut Creek, FL	33073
If the	limited lightlity company is not organized under the la	ws of the State of Florida, it is hereby confirmed that after
the ch agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
,	Mara Shlack	Mara Shlackman
Sign	nture of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
	ure of Registered Agent	~

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