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'JAN 1 5 2015 T. CARTER

COVER LETTER

TO:	Registration Section Division of Corporations	·				
SUBJI	Lantana Charter, LLC					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
Tripp	Vitto, Esq.					
	Name of Person					
Sara	ga/Lipshy, PL					
	Firm/Company					
201 N	N.E. First Avenue	•				
	* Address					
Delra	y Beach, Florida 33444					
	City/State and Zip Code					
(Mjoc	c41@aol.com) and (tmtpaul@bells	outh.net)				
E	E-mail address: (to be used for future ann	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Tripp	Vitto, Esq.	561 330-0660				
	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:				
٠.	☑ \$25 Filing Fee	□ \$55 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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((b)	Mailing address of limited li		:
	8400 Lantana Road	_	PO Box 970354 Coconut Creek, Florida 33097			
	Lake Worth, Florida 33467					
	01/11/2005		L0500	0003088		
	Date of filing/registration in Florida	4.		Document number		
(a)	Robert Saraga, Esq., Saraga & Lipshy, PA					
(-)	Registered Agent and Registered Office shown on the records of t	he Flori	ds Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET A 201 N.E. First Avenue	DDRE:	<u>20</u>			
	Delray Beach FL	3344	4			-
					15 _	LLA
(b)			•		JAN	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :		သ	ASSE
					7	[ii
,	NEW Registered Office Address:					
	201 N.E. First Avenue				03	ORIDA
	Delray Beach	3344	4			
e chi gent as/w ie art Signa	limited liability company is not organized under the laverage or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nature of a member or authorized representative of a member oby accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of the position as registered agent as provide the proper agent as provided the proper agent agent as provided the proper agent as provided the proper agent agent as provided the proper agent agen	the repability of the limited	gistered of company, mited liab I liability	ffice and the business offi- it is hereby confirmed the bility company or as other company. Printed or typed name of	ce of the regis at the change(wise provided Signee	stered (s) d in

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