## LD500038562

(1	Requestor's Name)			
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	City/State/Zip/Phone #)			
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PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)	<u> </u>		
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(Document Number)				
Certified Copies	Certificates of	Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TE ED

## COVER LETTER

TO: Registration Division o	on Section f Corporations	
SUBJECT: <u>110</u>		Florida Limited Liability Company d Liability Company)
Dear Sir or Madai	n:	
The enclosed Reg	istered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this r	natter to the following:
LEONARD E. Z	•	
	(Name of Person)	
LAW OFFICES	LEONARD E. ZEDECK, P (Firm/Company)	.A.
13790 N.W. 4TI	H STREET, SUITE 113	
	(Address)	
SUNRISE, FL 33	325	
	(City/State and Zip Code)	
For further inform	nation concerning this matter, plo	ease call:
LEONARD E. ZE	EDECK, Esq. at (	954467-7277
(Na	ame of Person)	(Area Code & Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check for the following am	ount:
<b> √</b> \$25 Fili	ing Fee	\$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.

1. The name of the limited liability company is: 1	100 OFFICE CENTER, LLC		<del></del> •
2. The mailing address of the limited liability com	pany is : 11160 N.W. 24th Stre	eet, Coral Springs	FL 33065
			·
April 20, 2005	L05000038562		
3. Date of filing/registration in Florida 4. Docume		ber	<del></del> <u></u>
5. The name of the registered agent and the register Florida Department of State:	red office address as shown o	n the records of t	he
LEONARD E. ZEDEC	CK, Esq.		
<u></u>	Name		
13790 N.W. 4TH STRE	ET, SUITE 113		
Address		TA 52	
SUNRISE, FL 33325			
City, St	ate and Zip	2007 DEC SECRETI ALLAHA	
6. The name and address of the new registered agent and/or office:		C-7 TARY ASSE	
CRAIG CARDINALE		OF PM	
Name 11160 N.W. 24th Street		Y 5: 14 F STATE FLORIDA	O
Florida street address (l	P.O. Box NOT acceptable)	A F	
CORAL SPRINGS	FL 33065		
City, Stat	te and Zip		
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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)

## CRAIG CARDINALE

(Printed or typed name of signee)

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