

LOS000059350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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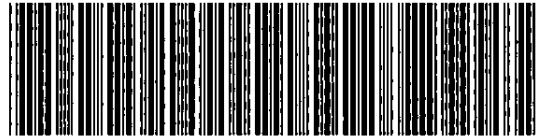
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SECRETARY OF STATE  
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**BECKER & POLIAKOFF**

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**TO:** Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**FROM:** Carol Landes for Joseph E. Adams

**DATE:** October 26, 2009

**RE:** 1003 ST. LAURENT, LLC - Statement of Change - Registered  
Office and Registered Agent

FLORIDA OFFICES

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NEW YORK  
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\* by appointment only

ENCLOSED PLEASE FIND:

- ☐ For your information.
- ☐ Please review and telephone me as soon as possible.
- ☐ In accordance with your request.
- ☐ Please acknowledge receipt.
- ☐ Please review and comment.
- ☐ Please file and return conformed copy.
- ☐ Please handle.
- ☐ For your files.
- ☒ Other: Fully executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with check in the amount of \$25.00 for payment of filing fee. Thank you.

**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: 1003 ST. LAURENT, LLC

2. (a) Principal office address of limited liability company: 14241 Metropolis Avenue

☐ (Note: **MUST BE STREET ADDRESS**)

Fort Myers, FL 33912

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

812 PARK AVE.

C/O ELSIE ADLER - 1200  
NEW YORK, NY 10021

6/15/05

3. Date of filing/registration in Florida

L05000059350

4. Document number

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

Registered Agent:

KUSHNER, STEVEN P. ESQ.

Registered Office Address:

C/O BECKER & POLIAKOFF, P.A.  
14241 Metropolis Avenue  
Fort Myers, FL 33912

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

**NEW** Registered Agent:

BECKER & POLIAKOFF, P.A.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

C/O JOSEPH E ADAMS

12140 CARISSA COMMERCE CTR, 200  
FORT MYERS, FL 33966

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.

Elsie Adler

Signature of a member or authorized representative of a member

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.*

Joseph E. Adams

10/26/09

Signature of Registered Agent

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

**FILING FEE: \$25.00**