

L050000597 94

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

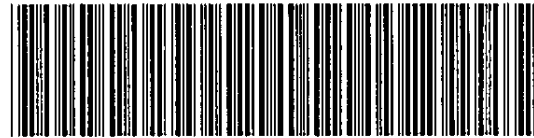
(Business Entity Name)

(Document Number)

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16 JAN 28 AM 11:26

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NOT INTERESTED  
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16 JAN 28 AM 8:50

FILED

JAN 28 2016

Y SULKER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 969869 4382499

AUTHORIZATION :

COST LIMIT : \$ 85.00

ORDER DATE : January 25, 2016

ORDER TIME : 9:19 AM

ORDER NO. : 969869-005

CUSTOMER NO: 4382499

CHANGE OF AGENT

NAME: SEVENDUST, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEVENDUST, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gina Liebhauser

\_\_\_\_\_  
Name of Person

Piemonte + Liebhauser, LLC

\_\_\_\_\_  
Firm/Company

325 Columbia Tpk Ste 108

\_\_\_\_\_  
Address

Fluker Park, NJ 07932

\_\_\_\_\_  
City/State and Zip Code

gliebhauser@rp11c.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Liebhauser

\_\_\_\_\_  
Name of Person

at ( 973 ) 937-6200

\_\_\_\_\_  
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:

☒ \$25 Filing 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 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. Name of the limited liability company: SEVENDUST, LLC

2. (a) c/o Piemonte & Liebhauser (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

325 COLUMBIA TURNPIKE, SUITE 108

LORHAM PARK NJ 07932-12

3. 06/10/2005 4. L05000059794  
Date of filing/registration in Florida Document number

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

1200 S. PINE ISLAND ROAD

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

SUITE 250

PLANTATION, FL 33324

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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16 JAN 28 AM 8:50  
TALLAHASSEE, FLORIDA

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]  
Signature of a member or authorized representative of a member

Gina M. Liebhauser  
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 605, 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] BY: Corporation Service Company

Courtney Williams  
Asst. Vice President

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