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(Requestor's Name)	_			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			

Special Instructions to Filing Officer:

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DEC 20 2010

EXAMINER

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SECHE LARY OF STATE
ALLAHASSEE, FI OSIG

COVER LETTER

TO: Registration Section Division of Corporations		
	eal Estate and Equipment Compa ne of Limited Liability Company	ny, LLC
Dear Sir or Madam:		
The enclosed Registered Agent/Regist	tered Office Change and fee(s) are submitt	ed for filing.
Please return all correspondence conce	erning this matter to the following:	
Diehand Maalassi		2010 DEC 17
Richard Moskovi Name of Person		
Moskovitz Real Estate and Equipm Firm/Company	nent Company, LLC	17 PM 12: 19
6135 SW 21st Ave	Rd	-
Ocala FL 3447 City/State and Zip Code rmoskovitz@gmail r	il.com	
For further information concerning this	•	
Richard Moskovitz Name of Person	at (352)854-8: Area Code & Daytime Teleph	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the fo	llowing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certific	ed 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.

y y		
1. Name of the limited liability company: Moskovitz	Real Estate and E	quipment Co, LLC
2. (a) Principal office address of limited liability compa	any: <u>6135</u>	SW 21st Ave Rd
(Note: MUST BE STREET ADDRESS)	Ocala, FL 34471	
(b) Mailing address of limited liability company:	6135.SW.21	st Ave Rd
(Note: MAY BE POST OFFICE BOX)	Ocala, FL 34471	20 10 0
06/21/2005	L0500	0061483 数 二
3. Date of filing/registration in Florida	4. Document number	SE T
5. (a) Registered Agent and Registered Office shown o	n the records of the Flor	ida Dept. of States
Registered Agent:	Richard Moskovitz	
Registered Office Address:	3002 SE 1sr Avenu Bldg 100 Ocala, FL 34471	e
NEW Registered Agent: NEW Registered Office Address:	6135 SW 21st Ave	Rd
(MUST BE FLORIDA STREET ADDRESS)		
	Ocala	,FL 34471
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the timited liability company or as other than the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	e laws of the State of Florida street address of thical. Or, in the case of (s) was/were authorized erwise provided in the any.	orida, it is hereby If the registered office If a Florida limited If an affirmative vote If a registered office If
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with end to cept the obligations of my pand I am familiar with end to cept the obligations of my pand I am familiar with end to make the companies, thereby confirm that the limited liability companies, thereby confirm that the limited liability companies.	agree to act in this cape proper and complete per position as registered ag nerely reflect a change in ny has been notified in v	acity. I further agree to formance of my duties, ent as provided for in n the registered office vriting of this change.

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