(0500082091

(Red	questor's Name)	
(Add	dress)	
(Add	tress)	
(City	/State/Zip/Phone	e #)
		MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
	Office Use On	lv

4



09/04/18--01037--031 ++25.00

3 يد , : SEP 4 DUP 62 ς. ۳. •

SEP - 8 2019 S. PRATHER

•

TO: Registration Section Division of Corporations

SUBJECT: _____

۰,

· ·

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:

Stephanuie Deutsch

Name of Person

Lewis, Stroud & Deutsch, P.L.

Firm/Company

1875 NW Corporate Blvd.. Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

sdeutsch@lsdlaw.net

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

For further information concerning this matter, please call:

Stephanie Deutsch	561 826-2800				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following	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.

(a)	Principal office address of limited liability compa	ny:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	(<u>Note: MUST BE STREET ADDRESS</u>) 1875 NW Corporate Blvd., Suite 100		(<u>Note: MAT B</u>)	<u>E POST OFFICE BOX</u>)
	Boca Raton, FL 33431	<u> </u>		
	08/18/2005			
	Date of filing/registration in Florida	4.	Document nui	nber
(a)	Stephanioe Deutsch			
(11)	Registered Agent and Registered Office shown on the reco		of State:	
	Registered Office Address <u>(MUST BE FLORIDA ST</u> 1900 Glades Road, Suite 251	<u>KEET ADDRE331</u>		. 18
		33431		· SP
	Boca Raton	, FL		· · · ·
(b)	Stephanie Deutsch			
(b)	Stephanie Deutsch Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address:		
(b)		<u>sistered Office address</u> :		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>gistered Office address:</u>		-5
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> Stephanie Deutsch	<u>sistered Office address:</u>		-5

Signative 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 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.

<u>ka</u> 41 Signature of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00