## 4050000097108

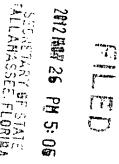
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
ı		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
NOV <b>2</b> 8 2012		
EXAMINER		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SAMOWITZ + KLEIN Name of Limited	NO. 1 FOR CORAL Liability Company	SPRINGS,	LLC
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this ma	atter to the following:		
5.			
Ferne Samowitz			
Name of Person			
Firm/Company	<del>,</del>	<u> </u>	
TT: Armitage Dame	•	2 <b>(89)</b>	T.
55: Armitage Drive		ARY SSE	-
Bridgeport Ct 06605 Cits/State and Zip Code	·	PM 5: 08 9F STATE 7E. FLORIBA	
E-mail address: (to be used for future annual report notification	n)		
For further information concerning this matter, plea	se call:		
Ferne Samowitz at (	203 ) <u>367-3483</u> Area Code & Daytime Telephone N	lumber	
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 amo	unt:		
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified C	ору	

## 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: <u>SAMOWIT</u>	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: rs Armitage Dr.  Bridgeport, Ct  066050
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Bridgeport, Collos
3/10/2012	L05000097108
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	<del></del>
Registered Agent:	Atty Walter Blake
Registered Office Address:	1881 University Dr. Svite 100 Coral Springs, Fl.
,	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	CW Registered Office address:
NEW Registered Agent:	Atty Linda K. Davis
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Trial Lawyers Building 633 SE 3rd Avenue Stoite 202 Fort Lauderdale ,FL 33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.  Here Amoust	Florida street address of the registered office
Signature of a member or authorized representative of a member	<del>_</del>
Ferne Samowitz Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my process of the configurations of my process of the configuration	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent LAW OFFILE OF LINDA K. DAVIS, P.A.  Division of Corporations, P.O. Box 6:	327, Tallahassee, FL 32314

**FILING FEE: \$25.00**