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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ManagedReports@incorp.com	
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LLC REGISTERED AGENT CHANGE LUBELL AND ROSEN LLC

Certificate of Status	0
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Page Count	03
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2020 FEB -6 FM 2: 17

COVER LETTER

TO:	Registration Section Division of Corporations						
, SUDII	LUBELL AND ROSEN LLC						
SUBJECT: Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please	return all correspondence concerning this ma	tter to the following:					
	Jackie DeFilippis						
	Name of Person						
	InCorp Services, Inc.						
	Firm/Company						
	3773 Howard Hughes Pkwy Suite 50	008	. *				
	Address						
	Las Vegas, NV 89169-6014		o >				
	City/State and Zip Code						
	ManagedReports@incorp.com						
Е	-mail address: (to be used for future annual re	eport notification)					
For fur	ther information concerning this matter, pleas	se call:					
Jackie	DeFilippis for InCorp Services, Inc.	800-246-2677					
	Name of Person	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amo	unt:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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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.

Name of the limited liability company: LUBELL AND ROSEN LLC						
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	200 SOUTH ANDREWS AVENUE, SUITE 900	200 SOU	TH ANDREWS AVENUE, SUITE 900			
	Fort Lauderdale, FL 33301	Fort Laud	lerdale, FL 33301			
	06/05/2007	L0700005	9481			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	ROSEN, MARK L					
3. (u)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Stat	e:			
	200 South Andrews Avenue Suite 900					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	-			
	Fort Lauderdale .FL	33301				
(L)	InCorp Services, Inc.		: 5			
(0)	Finter name of NEW Registered Agent and/or NEW Degistered Office address:					
	04501 1 1 5		•			
	3458 Lakeshore Drive		~			
	NEW Registered Office Address:					
	Tallahaasaa	20240	-			
	Tallahassee , FL_	32312	_			
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered office bility company, it i f the limited liabilit limited liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in			
Signa	ture of a member or authorized representative of a member	Mark Rosen	Deistad as torond name of citizens			
I here provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete t igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Louise Breytenbach o	performance of my I for in Chapter 602 ereby confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			
Signatu	re of Registered Agent					

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