197000091592

(Re	equestor's Name)	
(Ad	dress)	_
·	ŕ	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		a M
		11 1851
		112118
		. /IND



000109923450

11/13/07--01025--002 **55.00

O7 NOV 13 PM 3: 08
SECTIFICATIVE OF STATE
SEC

HOUGH & FOWLER, LLP

ATTORNEYS AT LAW

340 Royal Palm Way | Suite 100 | Palm Beach, Florida 33480
TEL. 561-655-4060 | FAX 561-832-5436 | LFowler@murphyreid.com

Lenora J. Fowler, Esq.

November 7, 2007

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Weinberg Family, LLC

Document No. L07000091592

Dear Sir/Madam:

Enclosed are the following:

- 1. Statement of Change of Registered Office or Registered Agent;
- 2. Our firm's check in the amount of \$55;
- 3. Certificate of Merger; and
- 4. Our firm's check in the amount of \$127.50.

Please process the Statement and Certificate and provide us with certified copies.

Thank you for your attention to this matter.

Sincerely,

Lenora J. Fowle

Enclosures

cc: Mr. Julius Weinberg

Joshua Losardo, Esq.

JHH\WEINBERG\Ltr to FSoS - 11-07-07.doc

COVER LETTER

INHS18 (8/05)

TO: Registration Section Division of Corporations		
SUBJECT: Weinberg Family, LLC		
	d 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 m	atter to the following:	
	o7 NOV 13 PM 3: 08 RECHETALLY OF STATE FLORID	
•	AHET	
John Harrison Hough, Esq.	55 <u>2</u> 3	
(Name of Person)	FOF	
	STA C	
Hough & Fowler, LLP		
(Firm/Company)		
340 Royal Palm Way, Suite 100		
(Address)		
Palm Beach, FL 33480		
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
John Harrison Hough, Esq. at (5	561 ₎ 655-4060	
(Name of Person)	(Area Code & Daytime Telephone Number)	
	•	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	,	
Enclosed is a check for the following amo	ount:	
\$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 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. The name of the limited liability company is:		<u></u> .
2. The mailing address of the limited liability co	mpany is: 25 Island Drive, Boynton Beach, FL 33436	·
September 7, 2007	L07000091592	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent age	tered office address as shown on the records of the	
John H Hough		
	Name Sco. S	
340 Royal Palm Way,	, Suite 100	
	Address 呈置 二	
Palm Beach, FL 3348	_0 ģ <u>A</u> ω	FILEU
City,	State and Zip Ho	C
6. The name and address of the new registered ag	Name , Suite 100 Address State and Zip gent and/or office: O Name SECRETARY OF STATE FLORIDE STATE SECRETARY OF STATE FLORIDE	
Julius Weinberg	Qm 8	•
25 Island Drive	Name	
Florida street address	(P.O. Box NOT acceptable)	
Boynton Beach	FL 33436	
City, S	tate and Zip	
If the limited liability company is not organized u	under the laws of the State of Florida, it is hereby	ē

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 of a member or authorized representative of a member)

Julius Weinberg

(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 608, 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 of Registered Agent)

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