

Division of Corporations

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L07000114057

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SEIDEN, ALDER, MATTHEWMAN & BLOCH, P.A.
Account Number : I20060000136
Phone : (561) 416-0170
Fax Number : (561) 416-0171

REGISTERED AGENT CHANGE

DON'T TASE ME, BRO! LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

T. HAMPTON

425.00

<https://efile.sunbiz.org/scripts/efilcovr.exe>

JAN - 9 2009

1/8/2009

EXAMINER

RECEIVED

2009 JAN -8 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -8 AM 8:01

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DIVISION OF CORPORATIONS

Division of Corporations

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Don't Tase Me, Bro! LLC
(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:

Joel B. Rothman

(Name of Person)

Seiden, Alder, Matthewman & Bloch, P.A.

(Firm/Company)

7795 NW Beacon Square Blvd., Suite 201

(Address)

Boca Raton, Florida 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel B. Rothman

(Name of Person)

at (561) 415-0170

(Area Code & Daytime Telephone Number)

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

(LL H090000047153)))

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: Don't Tase Me, Bro! LLC

2. (a) Principal office address of limited liability company: 1234 Jasmine Circle
(Note: MUST BE STREET ADDRESS) Weston, Florida 33326

(b) Mailing address of limited liability company: 1234 Jasmine Circle
(Note: MAY BE POST OFFICE BOX) Weston, Florida 33326

November 13, 2007

L07000114057

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Joel B. Rothman

Registered Office Address: 2300 Glades Road
Suite 340, West Tower
Boca Raton, Florida 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Joel B. Rothman

NEW Registered Office Address: 7795 NW Beacon Square Blvd.
(MUST BE FLORIDA STREET ADDRESS) Suite 201
Boca Raton, FL 33487

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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)

(Printed or typed name of signer)

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

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DIVISION OF CORPORATIONS
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