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EXAMINER

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations	्र _ू	
		Serenia Labs LLC imited Liability Company	
SUBJ	SUBJECT: Serenia Labs LLC		
	Name of L	imited Liability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Patricia S Shaheen		
	Name of Person		
	Serenia Labs LLC		
•	Firm/Company		
	7781 NW Beacon Square Blvd Su	ite 101	
	Address		
	Boca Raton, Florida 33496		
	City/State and Zip Code		
E-	patriciashaheen@serenialabs.c	tification)	
For fu	rther information concerning this matte	r, please call:	
_,	Patricia S Shaheen	at (561) 9959484	
	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	g amount:	
	\$25 Filing Fee	 ✓ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR POTH 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:	Serenia Labs LLC	
2. (a) Principal office address of limited liability company	17040 Grand Bay Drive	
(Note: MUST BE STREET ADDRESS)	Boca Raton, Florida 33496	
(b) Mailing address of limited liability company:	17040 Grand Bay Drive	
(Note: MAY BE POST OFFICE BOX)	Boca Raton, Florida 33496	
November 13, 2007 3. Date of filing/registration in Florida	L07000114851 4. Document number	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	Patricia S Shaheen	
Registered Office Address:	17040 Grand Bay Drive Boca Raton, Florida 33496	
NEW Registered Agent:	Same as above-no change in Reg, Agent	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7781 NW Beacon Square Blvd Suite 101 Boca Raton ,FL33496	
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 signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	

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

Signature of Registered Agent