

LO8000021602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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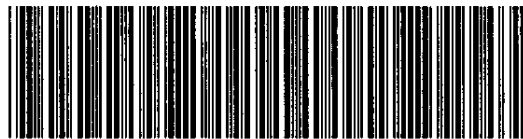
(Business Entity Name)

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DIVISION OF CORPORATIONS
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S MASON

ICARD MERRILL

ATTORNEYS & COUNSELORS

Bruce P. Chapnick
Attorney At Law

2033 Main Street
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Sarasota, FL 34237
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icardmerrill.com

May 28, 2015

VIA FEDERAL EXPRESS/
TWO-DAY DELIVERY

Florida Department of State
Attn: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: JudySleep, LLC
FL Document No.: L08000021602
Our File No.: 66918-105509

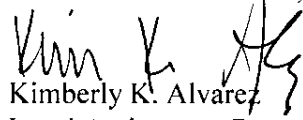
Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for *JudySleep, LLC* for filing with the Florida Department of State, together with our firm check (no. 86796) in the amount of Twenty Five and 00/100 Dollars (\$25.00) representing the filing fee.

Please forward the filing acknowledgment to our office: Bruce P. Chapnick, Esq., Icard Merrill, 2033 Main Street, Suite 600, Sarasota, FL 34237.

Should you have any questions, please do not hesitate to contact me. Thank you.

Cordially,
ICARD, MERRILL, CULLIS, TIMM
FUREN & GINSBURG, P.A.


Kimberly K. Alvarez
Legal Assistant to Bruce P. Chapnick

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BPC/ka
w/enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JudySleep, 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:

Bruce P. Chapnick, Esq.,

Name of Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City/State and Zip Code

bchapnick@icardmerrill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce P. Chapnick, Esq.

Name of Person

at (941)

366-8100

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

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**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.

1. Name of the limited liability company: JudySleep, LLC

2. (a) 1901 Hansen Street

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Sarasota, FL 34231

(b) 1901 Hansen Street

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Sarasota, FL 34237

02/28/2008

3. Date of filing/registration in Florida

L08000021602

4. Document number

5. (a) Lawrence S. Cohen

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1901 Hansen Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sarasota, FL 34231

(b) Eliot H. Cohen

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3300 NE 36th Street, #1617

NEW Registered Office Address:

Fort Lauderdale, FL 33308

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.

Lawrence S. Cohen and Judith H. Dear Trust
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 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 605, 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.

Eliot H. Cohen
Signature of Registered Agent

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

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