108000030402

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Bruce Odorman Called Grue Permisson to Apolah Section La

Office Use Only



800263425298

08/20/14--01004--018 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 24 2014 T. CARTER

LC RAPRO Chang

COVER LETTER

Division of Corporations					
SUBJECT: BRUCE N. ODERHAN HOLDINGS LLC Name of Limited Liability Company					
	sites sites into 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 N. ODERHAN Name of Person					
BRIXE N. ODERMAN HOLDINGS Firm/Company	LLC				
1482 S. JEAGA DR. Address					
TUPITER, FL 33458 City/State and Zip Code					
FIXEDING. BRUCE A GMAIL. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
BAUCE N. ODERMAN at (S61) 972-0147 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	1 anailassoo, 1 ioitua <i>323</i> 14				
Enclosed is a check for the following amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2014

BRUCE N. ODERMAN BRUCE N. ODERMAN HOLDINGS LLC 1482 S. JEAGA DR JUPITER, FL 33458 US

SUBJECT: BRUCE N. ODERMAN HOLDINGS, LLC

Ref. Number: L08000030402

We have received your document for BRUCE N. ODERMAN HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 014A00018864

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Rurswant 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. Na	ame of the limited liability company:	. ODERN	IAN HOLDING	s LLC
2. (a)	1.1 6	(b) 148		DΦ
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°) g3O-	Mailing address of limite	
	JUPITER	4UZ	ITER	
	FL, 33458	<u>FL</u>	33458	
	08/18/2014	1. ወ ዓ	00003040	~ ?
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BRUCE N. CHERNAN			
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of S	tate:	
		·		
	Registered Office Address (MUST BE FLORIDA STREET AND ASTREET ASTREET ASTREET AND ASTREET ASTR	DDRESS)		
	1730 S. & dom 1 2201 # 5	528		- F.
	The state of the s	0010	_	4 0 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Del ay beach, FL	3040	<u> ఆ</u>	CRET LAHA
(h)	BRUCE N. ODERMAN			FIL ARY ASSI
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		
				ED OF ST E.FLO PM 12:
		•		ATE 37
	NEW Registered Office Address:			Þ.
	1482 S. JEAGA DR			
	JUSTER .FL	33458		
				
II the II the cha	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	s of the State of I he registered off	Florida, it is hereby co ice and the business of	infirmed that after fice of the registered
agent v	vill be identical. Or, in the case of a Florida limited liab	ility company, i	t is hereby confirmed t	that the change(s)
the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	mited liability co	nty company or as oth ompany,	erwise provided in
		BRUCE	N CHERNE	116
Signat	ure of a member or authorized representative of a member		Printed or typed name	of signee
I herel proviși	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p	e to act in this co erformance of m	apacity. I further agre by duties, and I am fam	e to comply with the niliar with and accept
ine obli to mere	ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided tyreflect a change in the registered office address, I he	for in Chapter 6 reby confirm the	U5, F.S. Or, if this do at the limited liability	cument is being filêd company has been
notifi ç a	Writing of this change.	, , , , ,		
Signatu	of Registered Agent and member			
- "1				