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SECRETARY OF STATE

K. SALY NOV 22 2016



COVER LETTER

то:	Registration Section Division of Corporations			
SUВЛ	RIBOTSKY, LEVINE & STAF	≀MAN	I, LLC	
	Name	of Li	mited Lia	ability Company
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	e Cha	nge and f	See(s) are submitted for filing.
Please	return all correspondence concerning this	matte	r to the f	ollowing:
ELLIC	OTT W. STARMAN			
	Name of Person	_		_
BDO	USA, LLP			
	Firm/Company		_	_
515 E	. LAS OLAS BLVD, 5TH FL			
	Address			_
FT. L.	AUDERDALE, FL 33301			
	City/State and Zip Code	-		
EStar	man@bdo.com			
E	-mail address: (to be used for future annu	al repo	ort notific	cation)
For fur	ther information concerning this matter, p	lease	call:	
Elliott	Starman	at (954	626-2900
	Name of Person	(_		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following a	тоил	ıt:	
	□ \$25 Filing Fee		□ \$55	5 Filing Fee & Certified Copy

INHS18 (2/14)

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.	Na	me of the limited liability company: RIBOTSKY,	, LEVIN	E	E & STARMAN, LLC	
2. ((a)	901 NE 125TH STREET, SUITE 107	1	(h)	(b) 901 NE 125TH STREET, SUITE 107	
,	(4)	Principal office address of limited liability company:		(0)	Mailing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
		NORTH MIAMI, FL 33161			NORTH MIAMI, FL 33161	*******
		04/01/2008		L	L08000033224	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	ELLIOTT W STARMAN				
•	(-)	Registered Agent and Registered Office shown on the records of	da Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREE	<u>(SS</u>			
		901 NE 125TH STREET, SUITE 107	· · · · · · · · · · · · · · · · · · ·		7016 7. AL	
		NORTH MIAMI	_{FL} 3316	1	I G & T	ļ.
			<u> </u>	-	ZOIS NOV 17 SECKETAR) TALLAHASS	•
((b)				m-, 	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	dd	ddress:	
					FLORID F STATE	
		NEW Registered Office Address:				
		515 E. LAS OLAS BLVD, 5TH FL			•	
		FT. LAUDERDALE ,,	_L 3330	1	1	
the ager	cha: nt w /we	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the sufficient of the control of the contr	of the reg liability of s of the list ne limited	gist cor mi l li	sistered office and the business office of the registe company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in	red
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee	
province to m	visio obli iere fred	y accept the appointment as registered agent and a constant of all statutes relative to the proper and complete gations of my position as registered agent as providing the standard of the registered office address, in writing of this change.	gree to a te perfori led for in I hereby	ct i na Ci coi	ct in this capacity. I further agree to comply with t nance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fil confirm that the limited liability company has hecn	he ept ed
Sign	natur	e of Registered Agent				