

1090000 037 567

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

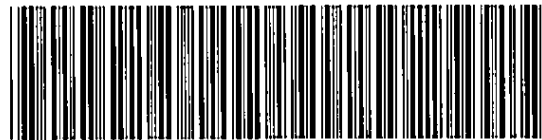
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Money

Office Use Only



400334931944

09/30/19--01044--015 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 24 PM 2:11

Ra Changas

OCT 24 2019  
D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gonzalez, Shenkman & Buckstein, P.L.  
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:

Francisco J. Gonzalez

Name of Person

Gonzalez, Shenkman & Buckstein, P.L.

Firm/Company

110 Professional Way

Address

Wellington, FL 33414

City/State and Zip Code

fgonzalez@gsblawfirm.com

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

For further information concerning this matter, please call:

Francisco J. Gonzalez at ( 561 ) 227-1575  
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

**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

FILED  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
19 OCT 24 PM 2:11

**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: Gonzalez, Shenkman & Buckstein, P.L.

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
110 Professional Way  
Wellington, FL 33414

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
110 Professional Way  
Wellington, FL 33414

3. 04/14/2008 Date of filing/registration in Florida

4. L08000037567 Document number

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

Gonzalez, Francisco J.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1035 S. State Road 7, Ste 312  
Wellington, FL 33414

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

NEW Registered Office Address:  
110 Professional Way  
Wellington, FL 33414

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
19 OCT 24 PM 2:11

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

Francisco J. Gonzalez

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.*

Signature of Registered Agent

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