108000040896

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
•			
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

Office Use Only



400152673764

04/27/09--01033--020 **25.00



S. HAWKES

APR 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Law Offices of Lonn Weissbl (Name of Lim	um, PL
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Lonn Weissblum	
(Name of Person)	
Law Offices of Lonn Weissblum, PL (Firm/Company)	
P.O. Box 6674	
(Address)	
Delray Beach, FL 33482-6674	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Lonn Weissblum at (561) 495-0655
(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 am	nount:
	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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.

I. Na	ume of the limited liability company: Law Office	s of Lonn Weissblum,	PL	Ŧ
2. (a)	Principal office address of limited liability compare (Note: MUST BE STREET ADDRESS)	ny: 5255 Monterey Cir. #76 Delray Beach, FL 33484		63 83
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 6674 Delray Beach, FL 33482-66	74 CC	
		- 1	27	7
4/23/2	2008	L08000040896	<u> </u>	المتعند
3. Da	te of filing/registration in Florida	4. Document number	-	تتمتعه
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida D	يسب الثانية	
	Registered Agent:	Lonn Weissblum		
Registered Office Address:		2385 NW Executive Center Dr. Suite 100 Boca Raton, FL 33431		
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	W Designated Office addr	0001	
(0)			ess.	
	NEW Registered Agent:	Lonn Weissblum		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		5255 Monterey Cir. #76		
		Delray Beach	■,FL_33484	
that a office hereb liabili limite	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles diability company. Multiple of a member or authorized representative of a member)	eet address of the registered of a Florida limited liable by an affirmative vote of the	office and the business oility company, it is e members of the limited	l
(Printe	ging Member d or typed name of signee)			
I here complain fa F.S. contin	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the pmiliar with and accept the obligations of my position, if this document is being filed to merely reflect a method the limited liability company has been notified.	agree to act in this capacity roper and complete perform n as registered agent as prov a change in the registered off ed in writing of this change.	. I further agree to ance of my duties, and I vided for in Chapter 608 fice address, I hereby	,
(Signat	ture of Registered Agent)			

÷

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