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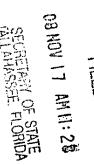
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M. THOMAS

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EXAMINER



COVER LETTER

TO:	Registration Section Division of Corporations	pside LLC	
SUBJ	<i>E</i> C1,		_
	(Name	of Limited Liability Company)	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
Hillel L	. Presser		
	(Name of Person)		
Presse	r Law Firm (Firm/Company)		多音
401 E.	Las Olas Blvd., Suite 1400		17
	(Address)		OF STATE
P-41-	outed to El Oppos		
FOR LE	auderdale, FL 33301 (City/State and Zip Code)		
For fu	rther information concerning this mat	iter, please call:	
Hillel P		at (561) 703-1839	_
	(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 followi	ng amount:	
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

ATEMENT 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.

	0.00:10 ///
1. Name of the limited liability company:	repside LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 19340 SW 54th St. Miramar, FL 33029
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	401 E. Las olas Blud, Ste 140.
5/30/08	L08000053723
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Hillel Presser
Registered Office Address:	313 NE 2nd St. #505 Fort Lauderdale, FL 33301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	T 1 2
NEW Registered Agent:	Presser Law Firm
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 E. Las Olas Blvd., Suite 1400
	Fort Lauderdale,FL_33301
If the limited liability company is not organized under the that after the change or changes are made, the Florida structure of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized epresentative of a member) (Printed or typed name of signee)	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notifi	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ded in writing of this change.

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

(Signature of Registered Agent)