## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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## LLC REGISTERED AGENT CHANGE HOLLYWOOD DEW, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

TO: Registration Section

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## **COVER LETTER**

Di	vision of Corporations		
SURTECT	Name of Limited Liability Company		
SUBSECT			
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.
Please retu	m all correspondence concerning this	matter to the fo	Howing:
Janice N	Iuli		
	Name of Person		•
inCorp S	ervices, Inc.		
	Firm/Company	<del></del>	•
3773 Ho	ward Hughes Parkway Suite 500	os	
•	Address		-
Las Vega	as, NV 89169-6014		
	City/State and Zip Code		•
documer	nts@incorp.com		
E-ma	il address: (to be used for future annua	al report notifica	ation)
For further	information concerning this matter, p	lease call:	
Janice N	ull for InCorp Services, Inc.	800 at (	246-2677 ext. 6902
	Name of Person		Area Code & Daytime Telephone Number
Re Di Cli 26	REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
En	closed is a check for the following a	mount:	
2	S25 Filing Fee	□ <b>\$</b> 55	Filing Fee & Certified Copy
INHS18 (2/	14)		

H170002235273

## 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.

i. Nai	me of the limited liability company: HOLLYWC	OOD DEV	V, LLC
2. (a) _	2637 E. Atlantic Blvd., PMB #141	(b)	2637 E. Atlantic Blvd., PMB #141
(-) -	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_ (')	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pompano Beach, FL 33062	<u> </u>	Pompano Beach, FL 33062
			L08000084177
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
5. (a)	Wiener, Daniel		••••
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	2637 E. Atlantic Blvd., PMB #141  Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
			·
	Pompano Beach , FL	33062	
(b)	InCorp Services, Inc.		
(-).	Enter name of NEW Registered Agent and/or NEW Registered	Office add	##: 50 5.35 50
•	17888 67th Court North		
	NEW Registered Office Address:		7: 2
		_	
	Loxahatchee , FL	33470	<u> </u>
the char agent w was/we	mited liability company is not organized under the lar nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regist ability cor of the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signat	ure of a reember or authorized representative of a member		Printed or typed name of signee
ROHITRO	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I have the property of this change.  I in writing of this change.		
aignaith	Division of Corporations P.O.		
INHS18 (2/	FILING F	· e.e.: 343.1	H170002235273