## L09000021145

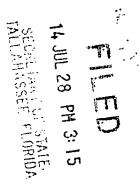
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C.M 8/11/14



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Registration Section

**Division of Corporations** 

IT CONSULTANTS.

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:

JAY P. SCHAPIRO

29 CATHEDRAL PEAK COURT

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

For further information concerning this matter, please call:

TAY P. SCHAPIRO at 305, 403-2888

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

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 10/144	, D	1 6 . 1 . 1 . 1	1-110
1. Na	me of the limited liability company: <u>SCHAPRO DEVELO</u>	PHENT LONSUTAL	15, LL
2. (a)		9 (ATOGNA PRA	Carlos
2. (a)	<b>V</b>	Mailing address of limited liability	company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE	E BOX)
	BOTATION BEACH, FL 339/3	BOENTON BEACH	(PL33
		-	<del>)</del>
	<del></del>	<del></del>	<u> </u>
	March 4 2009	L 090000Z	1145
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	JAY P. SCHUPIRO		
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	<u>-</u> e:	
	1634 SW 148-TERRACE,		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-	
	•	<del></del> 1	
	P 728	- ALL	
	HEMBROKE PINES, FL 33027		and the same of th
		\$3. N	Survey.
(b)	E. CANDALD III III III III III III III III III I		* 57 <b>7</b>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		المست
	8729 CATHEDRAL PEAK COULET	S S S S S S S S S S S S S S S S S S S	· water
	NEW Registered Office Address:	- ŞF <b>5</b>	
	A:::::::::::::::::::::::::::::::::::::		
		_	
	BOTHTON BEACH , FL 334-73		
	DOLNTON DENGT , FL 33172	-	
If the li	mited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirmed	that after
the cha	nge or changes are made, the Florida street address of the registered offic fill be identical. Or, in the case of a Florida limited liability company, it is	e and the business office of the confirmed that the	he registered
was/we	re authorized by an affirmative vote of the members of the limited liabilit	y company or as otherwise p	
the arti	cles of organization or the operating agreement of the limited liability cor	npany.	
Signat	ure of member or authorized epresements of a member	Printed or typed name of signee	<del> </del>
- (	ey accept the appointment as registered agent and agree to act in this cap	,, ,	nh with the
provisi	ons of all statutes relative to the proper and complete performance of my	duties, and I am familiar wit	h and accept
to mere	ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60. Ity reflect a change in the reflistered office address, I hereby confirm that I in writing of this change.	), F.S. Or, y this accument i the limited liability company	s veing jitea has been
notified	in writing of this change.		
Signatur	e of Registered Agent		
_	1/0		

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