L09 000 Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000218713 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HANKINS NORTHWOOD ROMAN WENZEL P.L.

Account Number : I20090000077

Phone : (561)862-4118 Fax Number : (561)862-4960

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE HANKINS NORTHWOOD ROMAN WENZEL P.L.

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(7) 11 W

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H15000218713 3)))

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.	Na	me of the limited liability company: HANKINS N	ORTH	W	OOD ROMA	N WENZEL P.L.	
-	(4)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1800 N MILITARY TRAIL, STE 120			1800 N MIL	ITARY TRAIL, STE 120	
		BOCA RATON, FL 33431			BOCA RAT	ON, FL 33431	
		07/08/2009		L	L090000491	06	
3.		Date of filing/registration in Florida	4	-	Do	cument number	
5.	(a)						
	,	Registered Agent and Registered Office shown on the records of	f the Flor	ıda	Dept. of State.		
		KENNETH A. WENZEL		N 15			
		Registered Office Address (MUST BE FLORIDA STREET AD 1800 N MILITARY TRAIL, STE 160			!	SEP 10 AM 9: 36	
		BOCA RATON , F	3343	1			
		, , , , , , , , , , , , , , , , , , , ,	L				
	(b)					36 36 S	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	lress	(D)(T)			
		KENNETH A. WENZEL					
		NEW Registered Office Address:					
		1800 N MILITARY TRAIL, STE 120					
		DOGA DATON	20.40				
		BOCA RATON , F	L <u>3343</u>	1			
the age was the	cha nt w s/we arti	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the company	of the re- liability of the li e limited	gist cor imi d li	tered office and impany, it is her ited liability co ability compar INETH A. W	d the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in by. ENZEL, MANAGER	
		ure of a member or authorized representative of a member				nted or typed name of signee	
noi	ijiec	by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as providily reflect a change in the registered office address, if in writing of this change. The of Registered Agent	gree to a e perfor ed for in hereby	nct ma 1 C co	in this capacity ince of my duti hapter 605, F., infirm that the	y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been	
(((H)	Division of Corporations P.O. FILING 1				FL 32314	

INHS18 (2/14)