

LO9000069025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

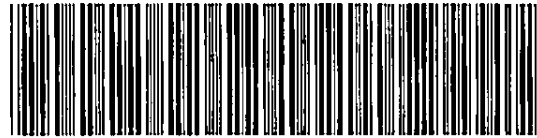
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT

SEP 5 2017

LENOFF AND LENOFF, P.A.
ATTORNEYS AT LAW
4800 NORTH FEDERAL HIGHWAY
BUILDING E - SUITE 301
BOCA RATON, FL 33431-5188 USA
VOICE:(561)409-8800 FAX:(954)427-6473

MICHELE M. LENOFF
MICHELE@LENOFF.COM

STEVEN LENOFF
STEVEN@LENOFF.COM

August 31, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Change of address of registered agent**

Dear Sir/Madam:

I am the registered agent for the following entities:

- ADVANCED ORTHOPAEDICS OFFICE LLC
- ALL FLOORS BY RABBIT, LLC
- DATAPLEX ANALYTICS, LLC
- INSTRUIO, LLC
- MANVEST BROWARD, LLC
- M&L REALTY HOLDINGS, L.L.C.
- MORE ON TAP, LLC
- RTET II LLC
- SECURE-PRO SECURITY SERVICES, LLC
- SZ DEVELOPMENT AND CONSTRUCTION, LLC

I have enclosed a check in the amount of \$250.00 and a COVER LETTER and STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY to change the address of the registered agent for each of the above entities.

Respectfully submitted

Steven Lenoff

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED ORTHOPAEDICS OFFICE LLC
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:

Steven Lenoff

Name of Person

Lenoff and Lenoff, P.A.

Firm/Company

4800 N. Federal Hwy Ste 301E

Address

Boca Raton, FL 33431

City/State and Zip Code

Steven@Lenoff.com

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

For further information concerning this matter, please call:

Steven Lenoff at (561) 409-8800
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 amount:

☒ \$25 Filing Fee

☐ \$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 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. Name of the limited liability company: ADVANCED ORTHOPAEDICS OFFICE LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

L09000069025

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Steven Lenoff
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1761 West Hillsboro Boulevard Suite 405

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Deerfield Beach, FL 33442

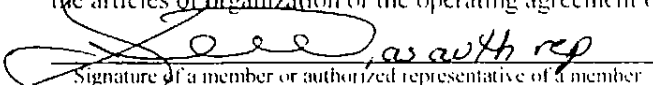
(b) Steven Lenoff
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4800 North Federal Highway Building E Suite 301

NEW Registered Office Address:

Boca Raton, FL 33431

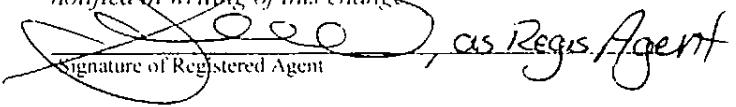
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____
Signature of a member or authorized representative of a member

Steven Lenoff, as authorized representative

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 _____
Signature of Registered Agent

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