## LD9000081991

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Linky Harrie)	
(Document Number)	
Certified Copies Certificates of Status	
Operated the state of the AMERICAN STILL OFFICE	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

12 AUG 20 PM 4: 588

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Down town legs Senies 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:		
M. chael Trost Name of Person		
Down town legal Jergin Firm/Company		
200 Jo-n Anlews Are # Goy Address		
F+ Landrole, FZ 3331  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michael Froit at (954) 522-9372		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 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 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.

igent, or both, in the state of 1 tortal.	,
1. Name of the limited liability company:	
2. (a) Principal office address of limited liability company	y: 200 Sat Anders Are #60
(Note: MUST BE STREET ADDRESS)	Ft Laulee, Pl 33301
(b) Mailing address of limited liability company:	Same us abort
(Note: MAY BE POST OFFICE BOX)	
₹ ( ) 5 / 0 9  3. Date of filing/registration in Florida	L 0 9 0000 81591  4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Glen Surnance
Registered Office Address:	377 East Las Olas Bloc F+ Lumber FC 33701
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Michael Frost
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2:00 Sout Andres An # 604 Ft Ceneral ,FL 33701
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote.
Signature of a member or authorized representative of a member	ECREI
Michael Front	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	garee to act in this canacity? I further agree to
Signature of Registered Agent	

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