109000113608

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



500180624195

05/14/10--01032--012 **25.00

10 MAY IL PH I: 49

D. BRUCE

MAY 17 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Cor								
SUBJECT:	CATALANO BF Name of L			ENTERPRI Ty Company	ISES, LI	_C		_
Dear Sir or Madam:								
The enclosed Registere	d Agent/Registered C	Office Cl	nange a	and fee(s) are	submitted	for filir	ıg.	
Please return all corres	oondence concerning	this mat	ter to t	he following:				
	OTT A. FRANK			_				
1	Name of Person							
	stein & Lehr LLP			_				
515 N. FI	agler Drive, 6th Flo	or		-		TALLAHA	10 HAY	# · · · · · · · · · · · · · · · · · · ·
West Palm Beach, Florida 33401 City/State and Zip Code			-		ARY OF STA	14 PM 1:49		
SAFra E-mail address: (to be us	ank@arnstein.com ed for future annual report n	otification)	-		STATE	6.1	
For further information	concerning this matte	er, pleas	e call:					
Jane L		_ at (561)	833-980			_
STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle		Regi Divis P.O.	LING ADDR stration Section sion of Corpora Box 6327 hassee, Florida	n ations			
Enclosed is a c	heck for the followin	ıg amou	int:					
✓ \$25 Filing Fe	ee	ſ	\$55	Filing Fee &	Certified	Сору		

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.

2. (a) Principal office address of limited liability company: 9858 CI (Note: MUST BE STREET ADDRESS) Suite C-111-109 Boca Raton, FL 3349	lint Moore Rd.			
(Note: MUST BE STREET ADDRESS) Suite C-111-109 Boca Raton, FL 3349				
(b) Mailing address of limited liability company: 9858 Clint Mod	ore Rd.			
(Note: MAY BE POST OFFICE BOX) Suite C-111-109 Boca Raton, FL 3349	96			
11/30/2009 L090001	13608			
3. Date of filing/registration in Florida 4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:			
Registered Agent: Michael T. Catalano	Michael T. Catalano			
Registered Office Address: 9858 Clint Moore Rd. Suite C-111-109 Boca Raton, FL 3349				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>	dress:			
NEW Registered Agent: Scott A. Frank				
NEW Registered Office Address: 515 N. Flagler Drive, (MUST BE FLORIDA STREET ADDRESS)	Sth Floor			
West Palm Beach 33	401_,FL			
If the limited liability company is not organized under the laws of the State of Floric confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company. Signature of a member or buthorized representative of a member	ne registered office Florida limited an affirmative vote			
Suft A. Frenk, Atherited Representative Printed or typed name of signee				
I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered agen Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in writing Signature of Registered Agent Sch A. Tow	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.			