LD9000114821

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COVER LETTER

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то:	Registration Section Division of Corporations					
SUBJE	ALL FLOORS BY RABBIT, LL	С				
301371		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this i	natter to the	following:			
Steve	en Lenoff					
	Name of Person					
Lenof	ff and Lenoff, P.A.					
	Firm/Company		_			
4800	N. Federal Hwy Ste 301E					
	Address		_			
Воса	Raton, FL 33431					
	City/State and Zip Code					
Steve	en@Lenoff.com					
Е	-mail address: (to be used for future annual	report notif	ication)			
For fur	ther information concerning this matter, ple	rase call:				
Steve	n Lenoff	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	Re Dir P.(AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
	Enclosed is a check for the following an	nount:				
	S25 Filing Fee	□ Sa	55 Filing Fee & Certified Copy			
INHS18	8 (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.

(a)		(b)	
,	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	osny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		L09	9000114821
	Date of filing/registration in Florida	4.	Document number
(a)	Steven Lenoff		
(4)	Registered Agent and Registered Office shown on the re-	cords of the Florida Dep	t, of State:
	1761 West Hillsboro Boulevard Suite	405	
	Registered Office Address (MUST BE FLORIDA S		
	Deerfield Beach	FL 33442	
h)	Steven Lenoff		의 설
(11)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	egistered Office address	SE SE
	4800 North Federal Highway Building	E Suite 301	F 9-1
	NEW Registered Office Address:		T SEP -1 PH 1: 09
	Boca Raton	33431	17 SEP -1 PH 1: 09
cha nt v	imited liability company is not organized unde inge or changes are made, the Florida street ad- vill be identical. Or, in the case of a Florida li- are authorized by an affirmative vote of the me cles of organization or the operating agreemen	r the laws of the Stat dress of the registere mited liability compo mbers of the limited at of the limited liabi	ed office and the business office of the registe any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
ignal	ture of a member or authorized representative of a member	<i></i>	Printed or typed name of signec
eret visi obl	by accept the appointment as registered agent ons of all statutes relative to the proper and coing of all statutes relative to the proper and coing of the proper agent as the registered agent as the reflect a champe in the registered office additionally of this change. The of Registered Agent	and agree to act in to ouplete performance provided for in Chap tress. Thereby confu	his capacity. I further agree to comply with to e of my duties, and I am familiar with and acc over 605, F.S. Or, if this document is being fit om that the limited liability company has been

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