

L09000120579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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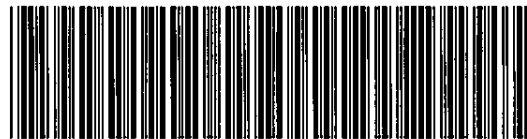
(Business Entity Name)

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TALLAHASSEE, FLORIDA
14 OCT 16 PM 3:02

LLC
Rp Change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Offices of Bohdan Neswiacheny, P.L.
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:

Bohdan Neswiacheny

Name of Person

Law Offices of Bohdan Neswiacheny, P.L.

Firm/Company

2929 E Commercial Blvd, Suite 300

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

bnlaw@bnlaw.com

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

For further information concerning this matter, please call:

Michelle M. McLaren, Office Manager at (954) 522-5400
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2014

BOHDAN NESWIACHENY
LAW OFFICES OF BOHDAN NESWIACHENY, P.L.
2929 E COMMERCIAL BLVD., SUITE 300
FORT LAUDERDALE, FL 33308 US

SUBJECT: LAW OFFICES OF BOHDAN NESWIACHENY, P.L.
Ref. Number: L09000120579

We have received your document for LAW OFFICES OF BOHDAN NESWIACHENY, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00021207

RECEIVED
14 OCT 16 PM 1:03
DIVISION OF CORPORATIONS
FLORIDA

**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: Law Offices of Bohdan Neswiacheny, P.L.

2. (a) 2929 E Commercial Blvd, Suite 300 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fort Lauderdale, FL 33308

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

12/21/2009

L09000120579

3. 12/21/2009 Date of filing/registration in Florida

4. L09000120579 Document number

5. (a) Bohdan Neswiacheny

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

540 NE 4th Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33301

_____, FL _____

(b) Bohdan Neswiacheny

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2929 E Commercial Blvd, Suite 300

NEW Registered Office Address:

Fort Lauderdale, FL 33308

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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.

Bohdan Neswiacheny
Signature of a member or authorized representative of a member

Bohdan Neswiacheny

Printed or typed name of signer

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.

Bohdan Neswiacheny
Signature of Registered Agent

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