

APR. 16. 2010 9:01AM MOYLE-FLANIGAN

NO. 9007 P. 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRAEMER, P.A.
Account Number : I20060000039
Phone : (561) 659-7500
Fax Number : (561) 659-1789

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
KATZ & ASSOCIATES LAW FIRM, P.L.

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APR 19 2010

EXAMINER

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DIVISION OF CORPORATIONS

APR. 16. 2016 9:01AM

MOYLE-FLANIGAN

NO. 9007 P. 2
(((H10000086731 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Katz & Associates Law Firm, 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:

Catherine Steward

Name of Person

Katz & Associates Law Firm, P.L.

Firm/Company

625 N. Flagler Drive, Suite 605

Address

West Palm Beach, FL 33401

City/State and Zip Code

catherinesteward@bellsouth.net

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

For further information concerning this matter, please call:

Catherine Steward

Name of Person

at (561)

827-7935

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 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.

1. Name of the limited liability company: Katz & Associates Law Firm, P.L.

2. (a) Principal office address of limited liability company: _____

☒ (Note: **MUST BE STREET ADDRESS**)

625 N. Flagler Drive, Suite 605
West Palm Beach, FL 33401

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**)

625 N. Flagler Drive, Suite 605
West Palm Beach, FL 33401

March 12, 2010

3. Date of filing/registration in Florida

L10000027924

4. Document number

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

Registered Agent: Michael Petroski

Registered Office Address: 625 N. Flagler Dr., 9th Floor
West Palm Beach, FL 33401

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

NEW Registered Agent: Martin V. Katz

NEW Registered Office Address: Katz & Associates Law Firm, P.L.
(MUST BE FLORIDA STREET ADDRESS) 625 N. Flagler Drive, Suite 605
West Palm Beach, FL 33401

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

Martin V. Katz, as Manager of Malanga, LLC

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 608, 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

FILED
10 APR 16 AM
DIVISION OF CORPORATIONS
SECRETARY OF STATE