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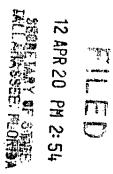
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EXAMINER



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04/20/12--01033--006 **25.00



COVER LETTER

Division of Corporations			
SUBJECT: RJ LANTERN SQUARE, 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:			
tions retain an correspondence concerning and matter to the rolle wing.			
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· Kenson noscone con			
KENNETH DREXFUSS ESO. Name of Person			
101001 5 1012 110			
ARNSTEIN & LEHR LLP Firm/Commany			
· ····································			
200 S. BISCAYNE BLVD., SUITE 3600			
Audicos			
M(AMI FL 33131-2395 City/State and Zin Code			
/ City/state and Zip Code			
Veneral and a result			
KR DREYFUSS @ ARNSTEIN. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
KENNETH DREYFUSS at (305) 240-4861			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building 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 \$\times \text{S55 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: _RJ _L	ANTERN SQUARE, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	2250 NW 93 C AVENUE PORAL, FL 33172
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2250 NW 935 AVENUE DORAL, FL 33172
3. Date of filing/registration in Florida	1 1 0 0 0 0 0 4 2 1 1 6 4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	KENNETH DREYFUSS
Registered Office Address:	201 ALHAMBRA CIRCLE SUITE 601
	CORAL GABLES, FL 33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	LAURA JAAR 8 8
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DORAL, FL 33/72 SU NO D
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability 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 company. Signature of a member or authorized representative of a member	re laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.
Signature of a member or authorized representative of a member	
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 Chapter 608, F.S. Or, if this document is being filed to had address, I hereby confirm that the limited liability composite.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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