

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURFSIDE ASSET MANAGEMENT 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:

STEVE KRAVITZ

Name of Person

SURFSIDE ASSET MANAGEMENT LLC

Firm/Company

P.O. Box 546311

Address

SURFSIDE FL 33154

City/State and Zip Code

STEVE @ SURFSIDE ASSET.COM

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

2013 JUL -5 PM 3:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEVE KRAVITZ at (905) 785.8588

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

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: SURFSIDE ASSET MANAGEMENT LLC
2. (a) Principal office address of limited liability company: ~~P.O. Box 546311~~
9595 COLLINS AVE #1006
SURFSIDE, FL 33154
(Note: **MUST BE STREET ADDRESS**)
(b) Mailing address of limited liability company: P.O. Box 546311
SURFSIDE, FL 33154
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 10/6/2010
4. Document number: L10000104426
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: STEVE KRAVITZ
Registered Office Address: 9595 COLLINS AVE #1006
SURFSIDE FL 33154
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: LISA KEELER
NEW Registered Office Address: Box 9595 COLLINS AVE #1006
SURFSIDE, FL 33154
(**MUST BE FLORIDA STREET ADDRESS**)

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

STEVE KRAVITZ
Printed or typed name of signee

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