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(Requestor's Name)				
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(C) (C) (T) (D) (A)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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The Property of the Agreement

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## COVER LETTER

☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy			
Enclosed is a check for the followin	Enclosed is a check for the following amount:			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Clifton Building	P.O. Box 6327			
Registration Section Division of Corporations	Registration Section Division of Corporations			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Name of Person	Area Code & Daytime Telephone Number			
Judith T. Romano	215 563-7000			
For further information concerning this matte	er, please call:			
F-mail address: (to be used for future an	nnual report notification)			
heather.griffiths@phelanhallinan.com				
City/State and Zip Code				
Fort Lauderdale, FL 33309				
Address				
2001 NW 64th Street, Suite 100				
Firm/Company				
Phelan Hallinan Diamond & Jones. P	LLC			
Name of Person				
Heather Griffiths				
Please return all correspondence concerning				
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.			
Dea: Sir or Madam:				
N N	ame of Limited Liability Company			
Phelan Hallinan Diamond	& Jones, PLLC			
TO: Registration Section Division of Corporations				

## 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

L N	ame of the limited liability company:  Phelan Hallin	nan Diamond &	Jones, PLLC	
2. (a)	2001 NW 64th Street	(b) 2001 NW 64th Street		
	Principal office address of limited liability company, (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company  (Note: MAY BE POST OFFICE BOX)		
	Suite 100	Suite 100		
	Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309		
	10/2202010	L10000	0110955	
3. 5. (a)	Date of filing/registration in Florida Emilio Lenzi	-1.	Document number	
. ()	Registered Agent and Registered Office shown on the records of 2001 NW 64th Street	Tibe Florida Dept of S	itate <sup>-</sup>	
(b)	Registered Office Address (MUST BE FLORIDA STREET Suite 100	ADDRESS)	2019	
		33309	<u> </u>	
	Heather Griffiths		19	
	Enter name of NEW Registered Agent and or NEW Registered	d Office address;		
	NEW Registered Office Address:		0	
			·—	
he cha igent v vas vo	imited hability company is not organized under the lange or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered off iability company, i of the limited liabi	ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signa	ture of a member or authorized representative of a member		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Heather Q. Drif