12/15/2017

Division of Corporations



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	Division of Cor	porations	IA i

LLC REGISTERED AGENT CHANGE MACARIUS, MAX & DANIEL CALIFORNIA, LLC -

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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.

ame of the limited liability company	·			
		(b)	Mailing address of li	
Principal office address of limited (Note: MUST BE STREE	l liability company:		Mailing address of li <i>(<u>Note: MAYBE</u></i>	mited liability company: POST OFFICE BOX)
3801SCONGRESSAVE			OISCONGRESSAVE	
PALMSPRINGS,FL33461			ALMSPRINGS,FL33461	
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Date of filing/registration	n in Florida		Document num	ber
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Registered Agent and Registered Office s	shown on the records	of the Florida Dep	ot, of State:	
ZIFRONY,MATTHEW,ESQ				
Registered Office Address	E FLORIDA STREE	T ADDRESS)		
C/OTRIPPSCOTT.PA,110SE6	THST.15THFL			-
FTTAUDERDALE		33301	·	
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CTCorporationSystem	and/or <u>NEW Register</u>		-	> %
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CTCorporationSystem			-	> ©
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CFC or poration System NEW Registered Office Address: 1200 South Pine I sland Road Plantation I limited liability company is not organize or changes are made, the Flore will be identical. Or, in the case of were authorized by an affirmative verticles of organization or the operation. Let Registered Office Address:	ganized under the rida street address of a Florida limited ote of the member ing agreement of	FL 33324 laws of the Straight of the register liability comprise of the limite the limited liab	ate of Florida, it is herely ted office and the busing anny, it is hereby confire d liability company or a bility company. caton, Authorized Person	by confirmed that after ess office of the register med that the change(s) s otherwise provided in
CFC or poration System NEW Registered Office Address: 1200 South Pine Island Road Plantation I limited liability company is not organize or changes are made, the Flort will be identical. Or, in the case of were authorized by an affirmative varieles of organization or the operation.	ganized under the rida street address of a Florida limited ote of the member ing agreement of the member of a member	FL 33324 laws of the State of the register of the limite the limited liab	ate of Florida, it is herelyed office and the busing bany, it is hereby confirt d liability company or a pility company. Leaton, Authorized Person Printed or typed	by confirmed that afteress office of the registrated that the change(s) s otherwise provided

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00