

L11 000000 4376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

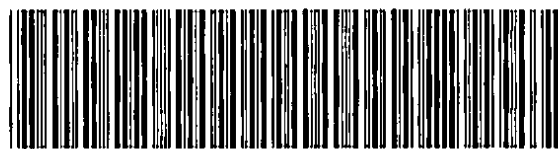
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400342296624

03/27/20--01007--005 **25.00

2020 APR 27 PM 12:23

R. WHITE

APR 09 2020



THE LAW OFFICE OF
BENJAMIN KORN, P.L.L.C.

848 Brickell Avenue, PH-5 | Miami, FL 33131
P. 305.744.5076 | F. 305.742.2779

March 25, 2020

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Agent

Good afternoon:

I hope this finds you well. Kindly see the enclosed Statement of Change of Registered Agent and filing fee of \$25.00. Should you require anything further, please let me know.

Thank you very much.

/s/Benjamin Korn

Benjamin Korn, Esquire

Enclosures (2)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Law Office of Benjamin Korn, PLLC

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:

Benjamin Korn, Esq.

Name of Person

The Law Office of Benjamin Korn, PLLC

Firm/Company

848 Brickell Avenue, PH-5

Address

Miami, FL 33131

City/State and Zip Code

law@benjaminkorn.com

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

For further information concerning this matter, please call:

Benjamin Korn, Esq.

Name of Person

at (305) 744-5076

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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.

1. Name of the limited liability company The Law Office of Benjamin Korn, PLLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

848 Brickell Avenue PH-5

Miami FL 33131

01/11/2011

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

848 Brickell Avenue PH-5

Miami FL 33131

111000004376

3. Date of filing registration in Florida 4. Document number

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

Brickell Mail Receiving, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

444 Brickell Avenue, Ste. P-51

Miami FL 33131

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

Opus VO

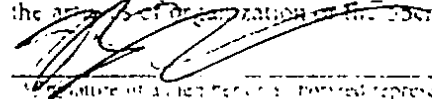
NEW Registered Office Address

848 Brickell Avenue, PH-5

Miami FL 33131

2011 27 11:12:20

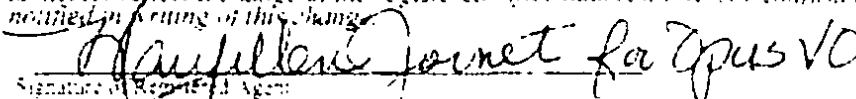
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 person authorized to represent the limited liability company

Benjamin Korn (MGRM)

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 605, 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