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## **COVER LETTER**

Division of Corporations		
SUBJECT: DANZ & Kronengold, PL  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:		
Name of Person  Danz & Kronengell, PL  Firm/Company		
11011 Shoridan Street; Suite 314 Address		
City/State and Zip Code  danz a danzlawine +  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
A lan b. Dan 2 at (954) 530-9245  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & Certified Copy		

INHS18 (2/14)

## , 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.

rioria	$\sim 2$
1. Na	ame of the limited liability company: Danz a Kronongall, PC
2. (a)	
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Cooper City, PL. 33026 Cooper City, PL. 33026
	03/23/2011 L 11000035385
3.	Date of filing/registration in Florida 4. Document number
5. (a)	A.D. Danz, P.A.
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	10620 Griffin Road, Suite 201
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	arts Action pile - publication
	Cooper City, \$ ,FL 33328
	Coope (C, T), 7, FL 33328
(b)	
. (0)	Enter name of NEW Registered Office address:
	Enter name of NEW Registered Office address:
	NEW Registered Office Address:  11011 Sho Gdan Street, Shite 314
	Cooper City, FL 33026
If tha 1	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office and the business office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the art	icles of organization or the operating agreement of the limited liability company.
	where of amember or authorized representative of a member  A lan D. Dan Z  Printed or typed name of signee
I here provis	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions o <del>f all stat</del> utes relative to the proper and complete performance of my duties, and I am jamiliar with and accept
the ob- to mer	ions of all statiles relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notifie	d'in writing of this change.
Signati	ire of Registered Agent

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00