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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LAURA MINDELL Name of 1	LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
LAURA MINIELL, LLC Name of Person	
Firm/Company	······································
9863 SAVONA WINDS DC	
Address	
DELRAY BEACH, FC 3344 City/State and Zip Code	16
City/State and Zip Code	
LAURA MINDELL & CONKAST, I E-mail address: (to be used for future annual re	
For further information concerning this matter, pleas	se call:
LAURA MINDELL, LLC at	(541) 865-5727
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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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. Na	ame of the limited liability company:	MINDELL,	LLC		
2. (a)	9803 SAVONA WINDS DE	(b)		SAVONA	WINDS DR
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing a	address of limited	l liability company:
	DELRAY BEACH, FL 33446		DELRA	1 BEAUL,	FL 33446
	MARCH 28, 2011		L 11000	34723	
3.	Date of filing/registration in Florida	4.	Docum	nent number	
5. (a)	Registered Office Address Registered Office Address MUST BE FLORIDA STREET A	•	of State:		
	4755 TECHNOLOGY WAY, SUITE				
	BOCA RATION , FL				TAL TAL
(b)	JOSEPH LEE MINDELL				14 OCT 31 SECRETAR TALLAHAS
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			A A A A A A A A A A A A A A A A A A A
	NEW Registered Office Address:		· · · · · · ·		5: 34 FLORIDA
	9863 SAVONA WINDS De				P
		33446	,		
tne cha agent w was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered bility compar f the limited l	office and the ny, it is hereby iability comp	e business off y confirmed th	fice of the registered hat the change(s)
$\Delta \alpha$	THE MINDE		DUIM ASUA		
	ture of a member or authorized representative of a member			or typed name o	J
provisie the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as providea ly reflect a change in the registered office address, I h I in writing of this change.	ee to act in the performance of for in Chapto ereby confirm	is capacity. I of my duties, o er 605, F.S. (n that the limi	further agree and I am fami Or, if this doc ited liability c	e to comply with the iliar with and accept ument is being filed ompany has been
Signation	MJMILL LLC e of Registered Agent				