

# L11000078901

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

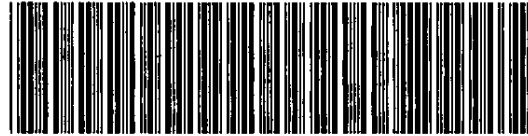
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2013 JUL 17 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(JUL 18 2013

D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **RECOVERY ROAD, LLC**

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:

**Miriam Katz**

Name of Person

**Vcorp Services, LLC**

Firm/Company

**25 Robert Pitt Drive, Suite 204**

Address

**Monsey, NY 10952**

City/State and Zip Code

**Mkatz@vcorpservices.com**

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

For further information concerning this matter, please call:

**Miriam Katz**

Name of Person

at ( **845** ) **425-0077**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center 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

☐ \$55 Filing Fee & Certified Copy

**FILED**  
2018 JUL 17 AM 10:42  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: RECOVERY ROAD, LLC

2. (a) Principal office address of limited liability company: 4362 NORTHLAY BLVD SUITE 109 PALM BEACH GARDENS, FL 33410  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 706 CAMPERDOWN AVENUE TEANECK, NJ 07666  
(Note: **MAY BE POST OFFICE BOX**)

07/08/2011

L11000078901

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:

Registered Agent: SCHREIBER, ADAM J

Registered Office Address: 706 CAMPERDOWN AVENUE TEANECK, FL 07666

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

**NEW** Registered Agent: Vcorp Services, LLC

**NEW** Registered Office Address: 5011 South State Road 7, Suite 106  
(**MUST BE FLORIDA STREET ADDRESS**)

Davis

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.

Adam J. Schreiber  
Signature of a member or authorized representative of a member

Adam J. Schreiber  
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 608, 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.*

Miran Katz  
Signature of Registered Agent  
Vcorp Services, LLC, Miran Katz, Asst Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**