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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 0 4 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons	
SUBJECT:	MBY MANAGEMENT, LLC	
SUBJECT.	Name of Limited Liability Company	-
Dear Sir or Madam:		
The enclosed Registered Age	ent/Registered Office Change and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
Shmuel Name of	Meersohn Person	
Name	1 (130))	
Firm/Cor	npany	
9858 Glade:	s Road #220	12 AUG 31
Boca Rator	n, FL 33434	ς _
LNR. Kima)gmail.com	
E-mail address: (to be used for fu		
For further information conce	erning this matter, please call:	
Kim Rodrigu Name of Person	at (954) 931 - 204 3 Area Code & Daytime Telephone Number	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, Florida 323	ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314	
Enclosed is a check f	or the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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.	Nai	me of the limited liability company:B	BRM MANAGEMENT, LLC		
2.	(a)	Principal office address of limited liability company	any: 1930 Tyler Street		
		(Note: MUST BE STREET ADDRESS)	Hollywood, Florida 33020	<u> </u>	.
	(b)	Mailing address of limited liability company:	9858 Glades Road #220		
		(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33434		
		10/25/11	L110001220	44	
3.	Dat	e of filing/registration in Florida	4. Document number リ 井 453684367		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	Shmuel Meersohn	TA(I	_ 5
		Registered Office Address:	9858 Glades Road #220 Boca Raton FL 33434	CREIARY _AHA\$SEE	AUG 31
	(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	0F SI	44:11.EW
		NEW Registered Agent:	Michael W. Gomez, Esquire	<u> </u>	.
		NEW Registered Office Address:	1930 Tyler Road		
		(MUST BE FLORIDA STREET ADDRESS)	Hollywood ,F	L <u>33020</u>)
lia of	bilit the	imited liability company is not organized under the I ned that after the change or changes are made, the Fle business office of the registered agent will be idently company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	was/were authorized by an aftir wise provided in the articles of o	mative v	ote

Signature of a member or authorized representative of a member

Shruel Meersohm

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 adapts, I have by confirm that the timited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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