LIUMUN823

(Requestor's Name) (Address)						
						(Address)
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL MAIL				
(B	usiness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
	Office Use Oi	nlv				



000301741970

08/07/17=-01046=-009 **25.00

2017 AUG = 7 PM 1+38

K SALY AUG 1 0 2017

COVER LETTER

TO:	Registration Section Division of Corporations					
SURIE	David B. Rosemberg, PL					
SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	Howing:			
Davic	d Rosemberg					
	Name of Person					
David	d B. Rosemberg PL					
	Firm/Company		-			
1885	1 NE 29th Ave, #1005					
	Address					
Aven	tura, FL 33180					
	City/State and Zip Code		-			
david	l@rosemberglaw.com					
i	i-mail address: (to be used for future and	mal report notifica	ition)			
For fu	rther information concerning this matter.	, please call:				
David	d Rosemberg	305 at (602-2008			
	Name of Person		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		stration Section sion of Corporations Box 6327			
	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.

i. Na	me of the limited liability company: David B. Ros	semberg,	PL		
2. (a)	2 South Biscayne Blvd., Suite 2100		(b) 2 South Biscayne Blvd., Suite 2100		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	f limited liability company: E POST OFFICE BOX)	
	Miami, FL 33131		Miami, FL 33131		
	01/04/2012				
3.	Date of filing/registration in Florida		Document nur		
	David B. Rosemberg	7.	rootiment na		
5. (a)	Registered Agent and Registered Office shown on the records o	Cibe Florida	Dept. of State:		
	2 South Biscayne Blvd., Suite 2100				
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)			
	Miami, FL 33131				
				20	
	F	1		FILL 2017 AUG -7 2017 AUG -7 TALL AHASSE	
(b)				UG -7	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress;		
	David B. Rosemberg			FILED IT AUG -7 PH 1: 38 IT AHASSEE, FI DRIB.	
	NEW Registered Office Address:			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	18851 NE 29th Ave, #1005			7.	
	Aventura	33180			
the cha agent v was/we the arti Signa I here, provisi the obl to mere notified	imited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cless of organization or the operating agreement of the under the appointment as registered agent and as one of all statutes relative to the proper and completing in the registered agent as provided reflect a change in the registered office address, after the proper and completing of the change in the registered of the address, after the proper and completing of that change in the registered of the address, after the proper and complete the first a change in the registered of the address.	of the regis liability co of the lim e limited l Dav	tered office and the busin mpany, it is hereby confit ted liability company or a ability company. id Rosemberg Printed or typed	ness office of the registere rmed that the change(s) as otherwise provided in I name of signee	