Division of Corporations Electronic Filing Cover Sheet

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(((H150001812113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-6842

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE **GUTTMAN VENTURES THREE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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7/27/2015 9:42:42 AM From: To: 8506176383(2/3)

COVER LETTER

TO: Registration Section Division of Corporations	
GUTTMAN VENTURES THREE, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ci	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
A.J. Palkovich Name of Person	·
The Ayoo Company, LP Firm/Company	
P.O. Box 860 Address	,
Saratora Springs, NJ 12866 City/State and Zip Code	<u>, </u>
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
	(518) 886 - 4194 Area Code & Daytime Telephone Number
Name of Person STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
- INH\$18.(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.

2.	(a) .	Principal office address of limited liability company:		(b)	ing address of limited liability compan
		(Note: MUST BE STREET ADDRESS)	•		Idle: MAY BE POST OFFICE BOX
		6538 COLLINS AVENUE, #233		6538 COLLIN	IS AVENUE, #233
		MIAMI BEACH, PL 33141-4694	 -	MIAMI BEAC	H, FL 33141-4694
		3/20/2013		L13000041867	
3.		Date of filing/registration in Florida	4,	Do	cument number
5.	(a)	STEVEN J. GUTTMAN			
	()	Registered Agent and Registered Office shown on the records	of the Flor	da Dept, of State:	
		Registered Office Address (MUST BE FLORIDA STREE	TADDRE	22	
		800 SOUTH POINTE DRIVE, #1701			TAL SE
		MIAMI BEACH	FL_33139	7165	CRET
	(b)	C T Corporation System			27 MH TARY DE TASSEELE
	(0)	Enter name of NEW Registered Agent and/or NEW Register	sell Office	iddress:	79 3
					7: 11
		NEW Registered Office Address:			7E ~
		1200 South Pine Island Road			•
		Plantation	FL ³³³²⁴		
the ag	ent v	imited liability company is not organized under the rigge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the mamber	laws of the of the liability	ne State of Floric gistered office ar company, it is he imited liability o	id the business office of the reg creby confirmed that the change ompany or as otherwise provide
th	arti	cles of organization or the operating agreement of t	DE LIMBIÇ	s liability compa Sicvi	1 .
	Signa	ture of a hamber or authorized representative of a member	_	DAGA!	inted or typed name of signee
	-	by accept the appointment as registered agent and to one of all statules relative to the proper and completing to the proper and completing to the proper and completing to the proper as proving the property of the property	grae to d		

FILING FEE: \$25.00

INHS18 (2/14)