## L1300017376

(Re	questor's Name)					
(Add	dress)					
. <b>(A</b> d	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
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04/20/16--01021--016 \*\*25.00

TO APR 20 MID 32

## 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.

1.	Na	ame of the limited liability company: M & A GELLER	RINVESTM	MENTS, LLC	<del></del>		
2.	(a)	17040 Huntington Parkway	(b)				
(-)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Boca Raton, FL 33496					
		08/19/2013	_	L13000117376			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Michael Geller					
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:			
		17040 Huntington Parkway					
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	······	=100 ···!		
		<del> </del>					
					杂	771	
		Boca Raton, FL	33496		₹ 20	O37L	
	(b)	Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ress:	GTSTATE EFFLGARDA		
		1201 Hays Street					
		NEW Registered Office Address:					
		Taliahassee, FL	, 32301				
the ag wa	e cha ent v is/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability com of the limite	ered office and the business off npany, it is hereby confirmed the ed liability company or as othe	fice of the reginant the change	istered (s)	
		Adam Geller	Adam	Geller, Member			
	Signa	ture of a member or authorized representative of a member		Printed or typed name o	f signee	-	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I it in writing of this change.	ree to act in performan d for in Ch hereby con	n this capacity. I further agree nce of my duties, and I am fami napter 605, F.S. Or, if this doc nfirm that the limited liability c	to comply wi liar with and d ument is being ompany has b	th the accept g filed een	

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

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President