# L13000162937

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: 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:

YOHODA BAR-ZUI

Firm/Company

635 NE 11th Avenue

Fort lauderdole FL 33304

F-mail address: (to be used for future appual report notification)

For further information concerning this matter, please call:

Veltuda BAR-Zui at (718) 275-6512.

Name of Person at (718) 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

## STATEMENT OF CHANGE OF REGISTERED OFFIGE 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: Name of the limited liability company:	an Boulevard, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 3 His Noroco Blod
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	635 NE 11th Avenue
11-20-2013 3. Date of filing/registration in Florida	<u>L13000162937</u> - 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Geltuda BAR ZU
Registered Office Address:	Fort laudordale IT 3304
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	VEHUDA BAR-ZOF D
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Fort lauderdale, FL 33304
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature of a member or authorized epresentative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. On if this document is being filed to in address, I hereby cluffirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in werely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agent