## 114000034576

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SECRETARY OF STATE ATTACK AHASSEE, FLORIDA

TO:

INH\$18 (2/14)

TO: Registration Section Division of Corporations	*					
SUBJECT: PJKATZ LLC						
Name o	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:						
JOHRA LEVY DE KATZ						
Name of Person	<del></del>					
PJKATZ LLC						
Firm/Company						
20281 E COUNTRY CLUB DR APT 1607						
Address						
AVENTURA, FL 33180						
City/State and Zip Code	<del></del>					
E-mail address: (to be used for future annual	report notification)					
	•					
For further information concerning this matter, ple	rase can:					
RONNY ACKERMANN	954 926-5647					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	<b>XMAILING ADDRESS:</b>					
Registration Section Registration Section						
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
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.

1.	Na	me of the limited liability company: PJKATZ LLC					
2.	(a)		(	b)			
	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited liability con (Note: MAY BE POST OFFICE 1)		
		20281 E COUNTRY CLB DR #1607	20281 E		COUNTRY CLUB DRIVE #1607		
		AVENTURA, FL 33180	_	AVENTURA, FL 33180			
		02/28/2014		L140000	34576		
3,		Date of filing/registration in Florida	4.		Document number		
5	(a)	DORBEN CORPORATE SERVICES LLC					
<i>J</i> .	(4)	Registered Agent and Registered Office shown on the records of the 20295 NE 29TH PLACE STE 201	e Florie	la Dept. of Stat	te:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
			· · · · · · · · · · · · · · · · · · ·		2018 51:0 -		
		AVENTURA ,FL	33180	)	6 AP	70	
	(b)	HARRY HERMAN			APR 16 DREJARY AHASSEE	F	
	` '	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress:	MIZ: 1	Ī	
		1965 S OAK HAVEN CIR			IZ: Q		
		NEW Registered Office Address:					
		MIAMI EI 3	33179	)	_		
the age wa	e cha ent v is/wo	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Coming the case of a Florida limited liab ere authorized by an artismative vote of the members of cles of organization or the operating agreement of the le	s of the he regoility of the limited	e State of Fl istered offic company, it i nited liabilit liability cor	te and the business office of the is hereby confirmed that the charty company or as otherwise prompany.	registered ange(s) vided in	
<u>*</u>	N'	( ) was		ASHO	Printed or typed name of signee	MGR	
Ill pro the to no	herei ovisi obl mere tified	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statues refative to the proper and complete pigations of my position as registered agent as provided by reflect a clange in the registered office address, I had in writing of this change.	e to a	et in this car	pacity. I further garee to compl	v with the	