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12/6/2016

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:  CATHERINE I. FAVITA, ESQ.  Name of Person  LAW Firm of Catherine I. FAVITA, LLC  Firm/Company  433 Plaza Real - Site 275  Address  Address	SUBJECT: <u>Catherine I. Favitta LLC</u> Name of Limited Liability Company	_
Please return all correspondence concerning this matter to the following:  CATherine I. Favitta, ESQ.  Name of Person  LAW Firm of Catherine I. Favitta, LLC  Firm/Company  433 Plane Rad Sile 275	Dear Sir or Madam:	
CATherine I. Favitta, ESQ.  Name of Person  LAW Firm of Catherine I. Favitta, LLC  Firm/Company  433 Plane Real Sile 275	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
LAW Firm of Catherine I. Favitta, LLC Firm/Company  433 Plane Read Sile 275	Please return all correspondence concerning this matter to the following:	
	LAW Firm of Catherine I. Favitta, LLC Firm/Company	س ش_
	Boca Raton, FZ, 33432  City/State and Zip Code	PH 4: 11
Boca Raton, FL, 33432  City/State and Zip Code	E-mail address: (to be used for future annual report notification)	
City/State and Zip Code  CATherine @ Favitta Law Firm. Com	For further information concerning this matter, please call:	

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

## **MAILING ADDRESS:**

at ( 501 ) 750 - 7477 Area Code & Daytime Telephone Number

> 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

INHS18 (2/14)

TO:

Registration Section Division of Corporations

## $oldsymbol{\omega}$ 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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: unfil 13/6/3016 Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in Whiting of this change

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

Signature of Registered Agent

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