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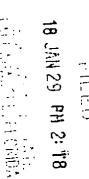
(Requestor's Name)					
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S. WARREN JAN 3 0 2018

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	GENE & LEE DOLLAR TREE, LLC					
3013130	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
MARK	S. GRAND, ESQ.					
	Name of Person					
GRAND & GRAND, P.A.						
	Firm/Company					
4010 S	Sheridan Street					
	Address					
Hollyw	ood, Florida 33021					
	City/State and Zip Code					
boblee	fish@aol.com					
E-mail address: (to be used for future annual report notification)						
For furth	ner information concerning this matter,	please call:				
DONN	A	954 at (989-2889			
	Name of Person		Area Code & Daytime Telephone Number			
] [STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
ı	Enclosed is a check for the following amount:					
Į.	4 \$25 Filing Fee		655 Filing Fee & Certified Copy			

INHS18 (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.

I. Na	une of the limited liability company: GENE & LEE	DOLLAR TREE	E, LLC		
2. (a)	4000 Island Boulevard	(b) 4000 Island Boulevard			
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#2904	#2904			
	Aventura, FL 33180	Aventu	ra, FL 33180		
	4/17/2014	L140000	063307		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	ALLAN M. GLASER				
J. (a)	Registered Agent and Registered Office shown on the records of 11900 Biscayne Boulevard	the Florida Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET) Suite 807	ADDRESS)			
	Miami	33181	JAN 29		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 4010 Sheridan Street NEW Registered Office Address:	THIC address.	2: *8		
	Hollywood , FL	33021			
the cha agent v was/wo	imited liability company is not organized under the layinge 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 registered offi ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to merg notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect adhange in the registered office address, I i mwriting of this change.	ree to act in this ca performance of m d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been		

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