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(Requestor's Name)	
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Special Instructions to Filing Officer:	
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Office Use Only

CLAS Information Services \* 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

Job Number: 429781-6671

Date: 2/10/2022

## Name: THE JUDY AND CRAIG HERMAN LLC

Request For: Florida TYPE OF FILING: Change of Agent

Special Instructions:

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Please file the attached upon receipt. We have enclosed check #97727 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(a)	Principal office address of limited liability company:		(b)	<b>-</b>				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-) _	Mailin	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4550 NORTH BAY ROAD		4	550 NORT			<u>ice bo</u>	X)
	MIAMI BEACH, FL 33140							
	11/21/2014		L1	400018132	29			·
	Date of filing/registration in Florida	4.			ument num			
(a)	HERMAN, JUDY							
	Registered Office Address (MUST BE FLORIDA STREET 4550 NORTH BAY ROAD	ADDRE	<u>(5.5)</u>			<i>.</i>	· .	
	4550 NORTH BAY ROAD							
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ь)	4550 NORTH BAY ROAD MIAMI BEACH, F NRAI SERVICES, INC.	_ <mark>_3314</mark>	0			- ; - ;	11 622 80	<b>с</b> .
b)	4550 NORTH BAY ROAD MIAMI BEACH, F	_ <mark>_3314</mark>	0				:01 NA 44 627 94:	е <del>.</del>
b)	4550 NORTH BAY ROAD MIAMI BEACH, F NRAI SERVICES, INC.	_ <mark>_3314</mark>	0				THE ALCOLD AND BE	€
b)	4550 NORTH BAY ROAD MIAMI BEACH, F NRAI SERVICES, INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	_ <mark>_3314</mark>	0				16 :01 KG 41 CT 197	

Signature of finember or authorized representative of a member

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JUDITH HERMAN, MANAGER

Printed or typed name of signce

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

ignature of Registered Agent CHRISTOPHER CHEUNG, ASSISTANT SECRETARY

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