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FEB 1 9 2016

S MASON



January 19, 2016

JONATHAN BERGER 1580 NW 101 AVE PLANTATION, FL 33322

SUBJECT: REPRESPONSE, LLC Ref. Number: L14000195254

We have received your document for REPRESPONSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent listed in 5(a) is not the current registered agent listed for your company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 416A00001098

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RepResponse LLO Name of Limite	ed 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:
Jonathan Berger Name of Person	
Represense LLC Firm/Company	
Firm/Company	
1580 NW 101 Ave Address	
Address	
Plantation, FL 33322 City/State and Zip Code	
The state of the s	
E-mail address: (to be used for future annual report r	
E-mail address: (to be used for future annual report r	notification)
For further information concerning this matter, please call	:
Jon Bergel at (9)	54, 664-1404
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$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

rioriaa.	0 0				
1. Name of the limited liability company:	Kepkesponse LL				
2. (a) 1500 NW lol Ave	(b)	1580	NW /01	Ave	
Principal office address of limited lia	bility company:	Ma	ailing address of l	imited liability compa	-
Plantation, FL 333				POST OFFICE BOX	y
TIGHTSTIMI, PC 333	,	K19V+	ation, PC	33355	· · · · · · · · · · · · · · · · · · ·
000000 1 15/16		L14	000195	254	
3. Date of filing/registration in	Florida 4.	Γ	Document num	ber	
5. (a) Unitel States Corporation Registered Agent and Registered Office show	in agents inc				
		ept. of State:			
13502 Wilding oak	: Court A				
Registered Office Address (MUST BE F	LORIDA STREET ADDRESS)				
	71 A 1/2-10 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.</u>			
Tamps	_{.FL} 33	612			
1 11 2	,		i. de as	~3	
(b) Jonathan Berger		;	EŚ	등 	
Enter name of NEW Registered Agent and/o	or NEW Registered Office addre	<u>ess</u> :	25 Z.J. 22 L.J. 25 Z.J.	CCC (consume CCC) CCC) T f	7
1500 NW 101 AVE			ARY C	<u> </u>	
NEW Registered Office Address:			- F	^D D	
Charles Color	302		STAT	پ ا	
0))):	777	~ ?	OA OA	<u>o</u>	•.
15V+54~~	, FL_ 333	20			
If the limited liability company is not organi the change or changes are made, the Florida agent will be identical. Or, in the case of a F was/were authorized by an affirmative vote of	street address of the registe Florida limited liability com of the members of the limite	ered office a pany, it is led liability	and the busines nereby confirm company or as	ss office of the reg red that the change	gistered e(s)
the articles of organization or the operating a	igreement of the fimited ha	omity comp	any.	Recon	
Signature of a member or authorized representative	of a member	<u>ل</u> آ	Printed or typed na	Beczer ame of signee	
I hereby/accept the appointment as registery provisions of all statutes relative to the properties obligations of my position as registered to merely reflect a change in the registered on tified in writing of this change.	er and complete performan agent as provided for in Ch	n this capac ce of my di apter 605.	eity. I further outies, and I am F.S. Or, if this	igree to comply w familiar with and document is bein	l accept 1g filed
Signature of Registered Agent					
Division of Corpo	orations • P.O. Box 6327 •	Tallahasse	ee. FL 32314		

FILING FEE: \$25.00