2310 From CLS-CTSB-BFI BFI Processing Fax

1/18/2018

Page 1 of 2

To:

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000021642 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Email Address:___

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC	REGISTERED	AGENT CHANGE

ALAN HOCHMAN CONSULTING, LLC Certificate of Status Certified Copy

02 Page Count Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA

To:

H180000216423

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.

	175 Weeping Willow Way	(b)		_
	Principal office address of limited liability company LNate: MUST BE STREET ADDRESS)	ıy:	Mailing address of lunited liability company: (Note: MAY BE POST OFFICE BOX)	
	Hollywood, Florida 33019		Hollywood, Florida 33019	
			<u> </u>	_
	1/13/2015		L15000007166	
	Date of filing registration in Florida	4,	Document number	-
(a)	NATALIE M. ADAMS, P.A.		1. °	
	egistered Agent and Registered Office shown on the reco	rds of the Florida	Dept. of State:	
	1840 W OAKLAND PARK BLVD. #303		·	
R	egistered Office Address <u>ONISI BE FLORIDA STR</u>	LEET ADDRESS)		18
				JAN
•	FORT LAUDERDALE	33311		ž
	FORT LAUDERDALE	_, FL 33377		R
/k. \	Business Filings Incorporated		• `	-
(b) <u> </u>	ner name of NEW Registered Agent and or NEW Revi	stered Office add	uerr.	A
				ų
_	1200 South Pine Island Road			٥
\mathbf{z}	EW Registered Office Address:			
	Plantation	.FL 33324		
_				
he limi chang nt will s/were	e or changes are made, the Florida street address to dentical. Or, in the case of a Florida limit	ess of the regist ted liability con bers of the limi of the limited li		ď
ne limi chang nt will s'were article	e or changes are made, the Florida street address be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the member of organization or the operating agreement of	ess of the regist ted liability con bers of the limi of the limited li	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	ď
he limi changent will s'were article article imanue iereby orisions oblige mereby	the or changes are made, the Florida street address to dentical. Or, in the case of a Florida limit authorized by an affirmative vote of the member of organization or the operating agreement of of a member or authorized representative of a member.	ess of the regist ted liability con bers of the limi of the limited li Alu	ered office and the business office of the registered opens, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company. In Hocaman, Member	_
he limi changent will s'were article article imanue iereby orisions oblige mereby	le or changes are made, the Florida street addrest be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the member of organization or the operating agreement of of a member of a member of a member accept the appointment as registered agent as so full statutes relative to the proper and continuous of an position as registered agant as prefered a change in the registered affice under	ess of the regist ted liability con bers of the limi of the limited li Alu	ered office and the business office of the registered opany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. In Hochman, Member Printed or typed name of signee	_
he limi changent will s'were article article imanue iereby orisions oblige mereby	le or changes are made, the Florida street addrest be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the member of organization or the operating agreement of of a member of a member of a member accept the appointment as registered agent as so full statutes relative to the proper and continuous of an position as registered agant as prefered a change in the registered affice under	ess of the registed liability conbers of the limited limited limited limited limited limited limited limited greeto act oppleta performa ovided for in Cess. I hereby co	ered office and the business office of the registered appary, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company. In Hochman, Member Printed of typed name of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and acceptage 603. F.S. Or, if this document is being file. In that the limited liability company has been	_
he limi changent will s'were article ignature ignature oblige ner etc.	e or changes are made, the Florida street address be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the member of organization or the operating agreement of of a member of authorized representative of a member accept the appointment as registered agent as so full statutes relative to the proper and contions of my position as registered agent as prefered a change in the registered affice address wirning of this change. Mark Williams, AVP, B. Division of Corporations • 1	ess of the registed liability corbets of the limited limited limited limited limited limited performation for in Cass. I hereby co-	ered office and the business office of the registered of the registered of the registered of the change(s) and liability company or as otherwise provided in ability company. In Hocoman, Member Printed or typed name of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and occup, hapter 605. F.S. Or, if this document is being filed in that the limited liability company has been incorporated. Tallahassee, FL 32314	_