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11/21/17--01031--004 **25.00



	COVER LETTER	
TO: Registration Section Division of Corporations		
subject: <u>Lemer and</u>		
N _E	ame of Limited 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:	
Roman Lerner		
Name of Person		
Lerner and Pooch		
Firm/Company		
1314 E. Las Olas Block	177.58	· 3 1
Address	<u>;</u>	
Ft Landerdale, FL 33.	301	
City/State and Zip Code		
Rlecher @ Lerner a. E-mail address: (to be used for future a	ndpooch.com	
75-man address. (to be used for future a	unual report notification)	
For further information concerning this matt	er, please call:	
Roman Lerner	ar (954) 507-5777	
Name of Person	Area Code & Daytime Telephone Nun	nber
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	l ng amount:	
\$25 Filing Fee	□ \$55 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 sec submits the following statement Florida.		•	ndersigned limited liability company ered agent, or both, in the State of
1. Name of the limited liability	company: Lerne	T And Pooch	
	DLvd. #38 Flaub of limited liability company: ESTREET ADDRESS)	Mathr	g address of limited liability company: 10: MAY BE POST OFFICE BOX)
$\frac{10 - 16 - 20}{\text{Date of filing/res}}$) 7-		001138003
5. Date of timigree	istration in Profita	4. Doc	ument number
Roman L	,		
(b)			
Enter name of NEW Registere	d Agent and or <u>NEW Registered</u>	I Office address:	
Roman (ener		
1314 E. Las	Olas Blud, =	#38	
Ft Landerdo	Je J. FI	. 33301	
agent will be identical. Or, in the	the Florida street address of case of a Elorida limited li	f the registered office and lability company, it is her of the limited liability cor limited liability company	the business office of the registered eby confirmed that the change(s) npany or as otherwise provided in y.
Signature of a member or authorized r	epresentative of a member	Koman	Lerner ted or typed name of signee
I hereby accept the appointment	as registe re d agent and ag to the proper and complete registered <mark>a</mark> gent as provide registered o ffice address, I	rev to act in this canacity	I further agree to comply with the s. and I am familiar with and accept Or, if this document is being filed mited liability company has been
Signature of Registered Agent	10. 3		

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