

L15000173617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

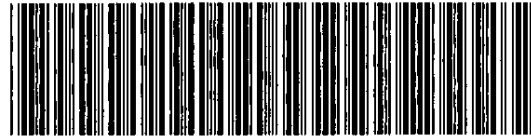
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800296257718

03/16/17--01006--020 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR -3 P 1:50

FILED

D. BRUCE
APR 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

RICHARD NEWTON
1090 HOLLAND AVE, SUITE 1
BOCA RATON, FL 33487

SUBJECT: ENTICE LLC
Ref. Number: L15000173617

We have received your document for ENTICE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A0000541

2017 MAR - 3 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Entice LLC

Name 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:

RICHARD NEWTON

Name of Person

ENTICE LLC

Firm/Company

1090 HOLLAND DRIVE STE 1

Address

BOCA RATON FL 33407

City/State and Zip Code

JR @ ENTICEHR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD NEWTON

Name of Person

at (754) 800 807 2

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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR -3 P 1:50

FILED

**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.

1. Name of the limited liability company: ENTICE LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1090 HOLLAND DRIVE STE 1
Boca Raton FL 33487

3. 10/12/15 4. L15000173617
Date of filing/registration in Florida Document number

5. (a) ZACHARY CATANZANO, ESQ.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1484 W PALMETTO PARK RD STE 445
Boca Raton, FL 33486

(b) RICHARD NEWTON
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1090 HOLLAND STE 1
Boca Raton, FL 33487

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Philip Brian
Signature of a member or authorized representative of a member Printed or typed name of signee

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 notified in writing of this change.

[Signature]
Signature of Registered Agent

FILED
2017 APR - 3 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA