15000200040

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

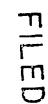
Office Use Only



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(44 - 1 202)

COVER LETTER

TO:		stration Section sion of Corporations							
SUBJE	CT:	6215 OLD COURT RD #505, LLC							
		Name of Limited Liability Company							
Dear Si	r or N	Aadam:							
The end	elosed	Registered Agent/Register	red Office Chan	ige ai	nd fee(s) are submitted for filing.				
Please r	return	all correspondence concer	ning this matter	to th	c following:				
Eric Salp	peter								
		Name of Person	1						
Salpeter	Gitki	n, ELP							
		Firm/Company							
3864 Sh	eridan	Street							
		Address		•					
Hollywo	od, F	L 33021							
		City/State and Zip	Code						
jessica@	salpe:	tergitkin.com							
E-	mail	address: (to be used for fut	ure annual repor	rt not	ification)				
For furtl	her in	formation concerning this	matter, please c	all:					
Eric Salp	oeter		9 <u>5</u> at (54	467-8622				
		Name of Person		, .	Area Code & Daytime Telephone Number				
	Regi Divi: P.O.	stration Section sion of Corporations Box 6327 shassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	osed is a check for the foll	owing amount	:					
١	\$ 2	5 Filing Fee		0	\$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 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: 6215 OLD COURT RD #505, LLC								
2. (a)	6215 Old Court Rd		(b) 11419 W Palmetto Park Rd					
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	#505	_	#970932					
	Boca Raton, FL 33433	_	Boca Rato	on, FL 33497				
	11/30/2015		L150002000	040				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a	UNITED STATES CORPORATION AGENTS, INC.							
J. (u.	Registered Agent and Registered Office shown on the records of the 5575 S. Semoran Blvd.	he Flo	rida Dept. of Stat	2.7				
	Registered Office Address IMUST BE FLORIDA STREET A. Suite 36	2021 AUG : SERTER						
	Orlando, FL	32822		AUG 24				
(b)	Salpeter Gitkin, LLP Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 3864 Sheridan Street <u>NEW Registered Office Address:</u>	AMILI: 15						
	Hollywood , FL ³	33021	·	_				
Change agent was/w the act Signa I here provise the obtate meritation meritation and the control of the control	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. On, in the case of a Florida limited liabers authorized by an affirmative vote of the members of itels of organization or the operating agreement of the limited of amenber of the operating agreement of the limited of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided all reflect a change in the registered office address, I he did in writing of this change.	egiste pility the l	ered office and company, it is imited liability disability com A A A A A A A A A A A A A A A A A A A	the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee				