

L16000068767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

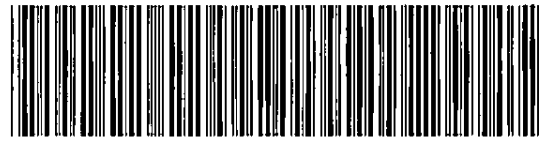
(Business Entity Name)

(Document Number)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIPSCOMB & PARTNERS, PLLC
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:

DAVID TAMAROFF

Name of Person

LIPSCOMB & PARTNERS, PLLC

Firm/Company

25 SE 2ND AVE, 8TH FLOOR

Address

MIAMI, FL 33131

City/State and Zip Code

DT@LIPSCOMBPARTNERS.COM

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

For further information concerning this matter, please call:

DAVID TAMAROFF at (786) 431-2228
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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

NO \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2017

DAVID TAMAROFF
25 SE 2ND AVE, 8TH FLOOR
MIAMI, FL 33131

SUBJECT: LIPSCOMB & PARTNERS, PLLC
Ref. Number: L16000068767

We have received your document for LIPSCOMB & PARTNERS, PLLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 017A00021742

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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: LIPSCOMB & PARTNERS, PLLC

2. (a) <u>25 SE 2ND AVENUE</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>8TH FLOOR</u> <u>MIAMI, FL 33131</u>	(b) <u>25 SE 2ND AVENUE</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>8TH FLOOR</u> <u>MIAMI, FL 33131</u>
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3. <u>04/07/2016</u> Date of filing/registration in Florida	4. <u>L16000068767</u> Document number
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5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2100 SOUTH PINE ISLAND RD, SUITE 250
MIAMI, FL 33131

(b) DAVID F. TAMAROFF
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
25 SE 2ND AVENUE
NEW Registered Office Address:
8TH FLOOR
MIAMI, FL 33131

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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]
 Signature of a member or authorized representative of a member

DAVID F. TAMAROFF
 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