L16000082747

(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:							



000400663000

01/18/23--01015--017 **25.00



Office Use Only

J 312212023

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	HIGH RISK ENFORCEMEN	1T LLC			
SODJE	Name of Limited Liability Company				
Dear Si	r or Madam:				
The end	closed Registered Agent/Register	ed Office Change and f	fee(s) are submitted for filing.		
Please i	return all correspondence concer	ning this matter to the f	ollowing:		
Benjam	in R. Dishowitz, Esq.				
	Name of Person	1	_		
Doumai	r, Allsworth, Laystrom, Voigt, Adair	r & Dishowitz, PA			
	Firm/Company		_		
1177 SI	E 3rd Ave.				
	Address		_		
Fort La	uderdale, FL 33316				
	City/State and Zip	Code	_		
bdishov	vitz@sflalaw.com				
E	-mail address: (to be used for fut	ure annual report notifi	cation)		
For fur	ther information concerning this	matter, please call:			
Benjam	nin R. Dishowitz, Esq.	954 at (762-3442)		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the fo	llowing amount:			
	L□ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		
INHSI	8 (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.

2. (a)	480 Tall Pines Rd		(b) 480 Tali Pines Rd			
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Ste 1.		Ste L			
	West Palm Beach, FL 33413	_	West	Palm Beach, FL 33413		
	04/25/2016		L16000	0082747		
3. 5. (a)	Date of filing/registration in Florida BROWN, LEWIS	4.		Document number		
, (4)	Registered Agent and Registered Office shown on the records of the 80 Tall Pines Rd	ne Flori	da Dept. o	f State:		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>SS)</u>	20 ::		
	West Palm Beach , FL	33413		DO23 JAN		
(a)	Benjamin R. Dishowitz, Esq.			——————————————————————————————————————		
	Enter name of NEW Registered Agent and/or NEW Registered 6	Office :	addre <u>ss</u> :			
	1177 SE 3rd Ave.			5: 3 F=≥ 3		
	NEW Registered Office Address:					
	Fort Lauderdale . FL	33316				
change agent v was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liability.	s of the lift of t	ne State of cred office company mited lia	te and the business office of the registered (, it is hereby confirmed that the change(s) ability company or as otherwise provided in company.		
Signa	nure of a member annorized representative of a member		.wis blow	Printed or typed name of signee		
I here provis the obs to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of the change	ee to a perfori for in ereby	ct in this mance of Chapter confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		

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