LICCO95183

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2017 JUN 22 PM 2: 34

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	SHERBROOKE LLC						
	Name of Limited Liability Company						
Dear S	iir or Madam:						
The en	iclosed Registered Agent/Registered Office Cl	nange and	fee(s) are submitted for filling.				
Please	return all correspondence concerning this mat	tter to the	following:				
STEV	VEN WARM						
	Name of Person						
LA	Office of Steven War Firm/Company LSO SW 4th PLACE Ste R	<u></u>					
	Firm/Company	'_ 3					
	SW 34TH STREET, SUITE 425						
	Address						
NEU	WBERRY, FLORIDA 32669						
GAIN	IESVILLE, FLORIDA 32608						
	City/State and Zip Code						
SW@	STEVENWARM.COM						
E	-mail address: (to be used for future annual re	port notif	ication)				
For fu	rther information concerning this matter, pleas	se call:					
STEV	/EN WARM	352	373-8279				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	Mz	AILING ADDRESS:				
Registration Section			Registration Section				
Clifton Building P.C			Division of Corporations P.O. Box 6327				
), Box 6327 Bahassee, Florida 32314				
	Tallahassee, Florida 32301	ा वा	ваньэж, гина дэлт				
	Enclosed is a check for the following amount:						
☑ \$25 Filing Fee			i5 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. Na	me of the limited liability company: SHERBROOK	E LLC.				
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2700 NE SET ST FT LAUDERDALE, FL 33308	_ (b)	2700 5700 SW	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (NE S& 15 5 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8		
	MAY 16, 2016	L	1600009	5083		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)	Registered Agent and Registered Office shown on the records of the COLLEEN CREWE Registered Office Address (MUST BE FLORIDA STREET A. 777 NE 62ND STREET C114		ept, of State	÷		
		33138			SEUNCE SEUNCE FALLAHA	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Control of Ne	Office addr			ANG OF STAND SSEE FLORIO	
		500 At	n PLAC	E Sto P	2.73 3.73	
	NEWBERRY GAINESVILLE FL	3 IGG 32608	,9	E Ste R		
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative you of the natification of the operation arther of cles of organization or the operation affectment of the law accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete ligations of the position as registered agent as provided by reflect a change in the registered office address. In	the registe bility con the limit imited lia	ered office ipany, it is ed liability ibility com	e and the business is hereby confirmed or typed name or ty	office of the led that the charotherwise prov	registered nge(s) ided in
поцие	ely reflect a change in the registered office address. I he writing of this change. The of Registered Agent STEVEN WARVA	ereby coi	ifirm that i	the limited liabili	ty company ho	is been