

L16000098502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

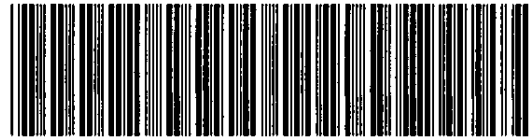
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS



# DOROT & BENSIMON PL

## ATTORNEYS AT LAW

ESTATE PLANNING • INTERNATIONAL & DOMESTIC TAX • ASSET PROTECTION • TAX CONTROVERSY • PROBATE

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20295 NE 29<sup>th</sup> Place, Suite 201

Aventura, FL 33180

(T) 305.921.9421

(F) 305.395.3978

June 20, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: STATEMENT OF CHANGE OF REGISTERED AGENT ADDRESS FOR**  
**ESA FINANCIAL LLC**

Dear Sir or Madam:

The following entity needs to amend the address for the Company's registered agent:

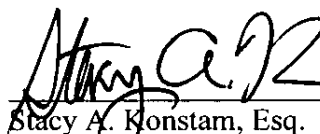
ESA FINANCIAL LLC, a Florida corporation Document Number  
L16000098502

Enclosed you will find the items needed to change the address for the Company's Registered Agent, David Shapiro;

1. Cover letter;
2. Statement Of Change Of Registered Office Or Registered Agent Or Both For Limited Liability Company; and
3. One check, ending in 2039 for \$25.00 to pay the filing fees for the above listed change.

Thank you in advance for your attention to this matter. If you have any questions regarding this letter and the enclosed documentation, please do not hesitate to contact me by telephone at (305) 921-9421.

Sincerely,  
DOROT & BENSIMON PL



Stacy A. Konstam, Esq.  
For the Firm

Enclosures// (2 pages excluding this page and 1 check)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ESA FINANCIAL 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:

DANIEL BENSIMON

Name of Person

DOROT & BENSIMON

Firm/Company

20295 NE 29TH PLACE, STE 201

Address

AVENTURA, FL 33180

City/State and Zip Code

DBENSIMON@DOROTBENSIMON.COM

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

For further information concerning this matter, please call:

DANIEL BENSIMON

Name of Person

at ( 561 ) 218-4947

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

**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: ESA FINANCIAL LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

20295 NE 29th PLACE SUITE 201,  
AVENTURA, FL 33180

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

20295 NE 29th PLACE SUITE 201,  
AVENTURA, FL 33180

05/19/2016

L16000098502

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SHAPIRO, DAVID

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

20900 NE 30TH AVENUE, SUITE 816

AVENTURA, FL 33180

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SHAPIRO, DAVID

**NEW Registered Office Address:**

20295 NE 29TH PLACE, SUITE 201

AVENTURA, FL 33180

17 JUN 26 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

DAVID SHAPIRO

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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 of Registered Agent