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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
929 FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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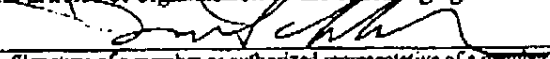
Help

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: 929 Florida, LLC
2. (a) 162 EAST INLET DRIVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
PALM BEACH, FL 33480

- (b) 162 EAST INLET DRIVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PALM BEACH, FL 33480
3. 06/21/2016
Date of filing/registration in Florida
4. L16000119750
Document number
5. (a) CRAIG T GALLE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13501 SOUTH SHORE BOULEVARD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 103
WELLINGTON, FL 33414
- (b) Vcorp Services, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
5011 South State Road 7, Suite 106
NEW Registered Office Address
Davie, FL 33314

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 of a member or authorized representative of a member

David Shulman

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

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

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