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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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AUG 0 1 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	DESIGN MANAGEMENT, L	.LC		
JO 250		e of Limited	Liability Company	_
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	ice Change :	nd fee(s) are submitted for filing	
		-		
Please	return all correspondence concerning th	is matter to	e following:	
Stev	en A Imparato, Esq.			<u></u>
	Name of Person			م سرا حق ا
Kenr	ner + Imparato, PLLC			世2
	Firm/Company			
	1 Mile Company			PH 2: 06
185	NW Spanish River Blvd., Ste. 200			
	Address			ਨਾ
Boca	a Raton, FL 33431			
·	City/State and Zip Code			
rcoh	en55@att.net			
	E-mail address: (to be used for future and	nual report n	tification)	
For fi	orther information concerning this matter	, please cali		
Stev	ren Imparato	561	910-6994	•
	Name of Person		Area Code & Daytime Telephone No	ımber
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section			
	Division of Corporations		Division of Corporations P.O. Box 6327	
	Clifton Building		Tallahassee, Florida 32314	
	2661 Executive Center Circle Tallahassee, Florida 32301		i alialiassee, fioliga 34314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	C	\$55 Filing Fee & Certified Copy	
INHS	18 (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.

. (a)	3911 SW 47th Ave, Ste 911	(b) 391	(h) 3911 SW 47th Ave, Ste 911		
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability co		
	Davie, FL 33314	Dav	e, FL 33314		
	July 18, 2016	 L160	00134232		
i.	Date of filing/registration in Florida	4.	Document number	 	
i. (a)	Corporation Service Company				
. (4)	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State:	16 J	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			F	
	1201 Hays St.			29	
	Tallahassee	FL 32301		PH	
(b)	Steven A Imparato, Esq.			2: 26	
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:			
	NEW Registered Office Address:				
	185 NW Spanish River Blvd., Ste. 200				
	Boca Raton	_{FL} 33431			
he cha igent was/w he art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited creating authorized by an affirmative vote of the member close of organization on the operating agreement of the unit of a member or authorized representative of a member ob accept the appointment as registered agent and of the company of the appointment as registered agent and other than the company of the appointment as registered agent and other than the company of	of the registered liability companies of the limited little limited liability	office and the business office of the confirmed that the chability company or as otherwise provocement. Printed or typed name of signee	e registered ange(s) ovided in	

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

Signature of Registered Agent

5