

L16000139228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

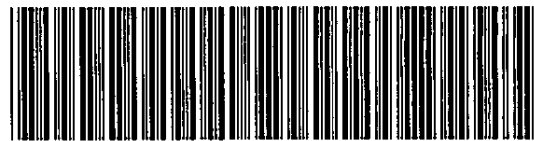
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200292678442

11/28/16--01054--026 \*\*50.00

FILED  
16 NOV 28 P 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

NOV 30 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SJ SHULMAN ENTERPRISES 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:

MICHAEL H. HIRSCH

Name of Person

MICHAEL H. HIRSCH, P.A.

Firm/Company

650 SE 3RD AVE

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

MHH@MHIRSCHLAW.COM

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

For further information concerning this matter, please call:

MICHAEL HIRSCH

Name of Person

at ( 954 ) 462-7393

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: SJ SHULMAN ENTERPRISES LLC

2. (a) PRINCIPAL ADDRESS (b) MAILING ADDRESS

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

7577 NW 25TH ST

7577 NW 25TH ST

MARGATE, FL 33063

MARGATE, FL 33063

07/25/2016

L16000139228

3. Date of filing/registration in Florida

4. Document number

5. (a) EVAN B. PLOTKA PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

EVAN B. PLOTKA PLLC

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

3837 HOLLYWOOD BLVD STE. A.

HOLLYWOOD, FL 33176

(b) MICHAEL H. HIRSCH, P.A.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

MICHAEL H. HIRSCH, P.A.

**NEW** Registered Office Address:

650 SE 3RD AVE

FORT LAUDERDALE, FL 33301

FILED  
16 NOV 28 P 12:40  
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.

STEVEN SHULMAN

(7) Signature of a member or authorized representative of a member

Printed or typed name of signee

*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