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COVER LETTER

| | OVER LETTER |
|--|---|
| TO: Registration Section Division of Corporations | |
| Glickman Enterprises PLLC | |
| SUBJECT: Name of L | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Ch | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matt | ter to the following: |
| David R Glickman | |
| | |
| Name of Person | |
| | |
| Firm/Company | |
| 601 Sea Oats Dr. Unit B-2 | |
| Address | |
| Juno Beach, FL 33408 | |
| City/State and Zip Code | |
| davidrglickman@gmail.com | |
| E-mail address: (to be used for future annual re | port notification) |
| For further information concerning this matter, please | e call: |
| David R Glickman | 561 339-7333 |
| Name of Person | 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 amou | int: |
| ■ \$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. Na | Glickman Ente | • | PLLC | | | | |
|---|--|--|---|---|---|-----------------------------------|---|
| 2. (a) | 601 Sea Oats Dr. Unit B-2 | (b) | Same as | s principal | office a | addre | ss, please |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Juno Beach, FL 33408 | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| _ | 1/31/2017 | | _1700002 | | | | |
| 3. 5. (a) | Date of filing/registration in Florida David R Glickman | 4. | | Document n | umber | | |
| J. (u) | Registered Agent and Registered Office shown on the records of to 2000 South Ocean Boulevard | the Florida | Dept, of State | : | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | | | | |
| | Pompano Beach | 33062 | | | - 1 - 7 | 211 K | |
| (b) | David R. Glickman | | | | 11 | TS NJ | Erran or 17h u 2 |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | res <u>s</u> : | | | 7 | |
| / | _601 Sea Oats Drive Unit B-2 | | | | | 2: 0: | |
| | NEW Registered Office Address: | | | | 47.1 | 23 | |
| | Juno Beach | 33408 | | | | | |
| the cha agent v was/we | 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 ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the regist ability con of the limi limited li | ered office npany, it is ted liability | e and the busi is hereby conf v company or opany. | iness off firmed th | ice of nat the | the registered change(s) |
| Signa | ture of a member or authorized representative of a member | | | Printed or type | ed name of | f signee | |
| I here provisi the obl to mere notified | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it is writing of this change. | ee to act performa d for in C hereby co | in this cape nce of my c hapter 605 nfirm that i | acity. I furth luties, and I , F.S. Or, if the limited lid | er agree am famid this doci ability co | to co liar w ument ompar | mply with the ith and accep is being filed iy has been |
| Signatu | re of Registered Agent | | | | | | |