| L17000090216 | | | | |
|--|--|--|--|--|
| (Requestor's Name) (Address) (Address) | 100299853391 | | | |
| (City/State/Zip/Phone #) | FILED 17 MAY 31 AM 11: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
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DATE: 5/31/17

NAME: BERNARD CAP, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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 | ame of the limited liability company:Bernard Cap | , LLC | ······ |
|-----------------------------|---|--|---|
| | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) 620 West 27th Street | |
| | 620 West 27th Street | | |
| | Hialeah, FL 33010 | Hialeah | , FL 33010 |
| | December 12, 1974 | L170000 | 90216 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| J. (1) | Registered Agent and Registered Office shown on the records of | f the Florida Dept. of Sta | |
| | Lawrence C. Weinstein | | _ |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 620 West 27th Street | | _ |
| | Hialeah, Fi | , 33010 | |
| | , * * · | Le/ | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registere | · | FIL CRETAR |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office address: | |
| | David L. Milgrom | | SEE. FLO |
| | NEW Registered Office Address: | | |
| | 620 W 27th Street | | ATE S |
| | Hialeah, Fi | L 33010 | |
| 1646.01 | imited liability company is not organized under the la | | |
| the cha agent v was/w | ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the registered offic iability company, it of the limited liabili e limited liability col | e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. |
| | P4- | David L. Mil | grom |
| • | sture of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob- to mer | by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, I d in writing of this change. | e nerformance of mu | duties and Lam familiar with and accept |
| Signet | ine of Resistence Apent | | |

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

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