

17000090488

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PETER W. KLEIN, P.A.
Account Number : 120160000023
Phone : (305)330-5939
Fax Number : (305)331-3289

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

Email Address: azur@viamotif.com

2020 MAY 27 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 MAY 27 PM 1:16

LLC REGISTERED AGENT CHANGE
VIA MOTIF, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

✓ SUI KEP

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: VIA MOTIF, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6100 HOLLYWOOD BOULEVARD, SUITE 406
HOLLYWOOD, FL 33024
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6100 HOLLYWOOD BOULEVARD, SUITE 406
HOLLYWOOD, FL 33024
3. APRIL 21, 2017 Date of filing/registration in Florida
4. L17000090484 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
CT CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

ARI M. ZUR

NEW Registered Office Address:

8056 STEEPLECHASE DRIVE

PALM BEACH GARDENS, FL 33418

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

ARI M. ZUR

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

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