L17000121450

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sipkles	in, LLC				
SCHILCT.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Isaac Klein					
Name of Person					
Sipklein					
Sipklei~/ Firm/Company					
2875 S. Ocean Blvd, Ste 200-11					
Address					
Palm Beach, FL 33480					
City/State and Zip Code					
info @ sipklein.com	1				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Isigo Kleiw	561, 400 2085				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
S≥5 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	me of the limited liability company:Sipl	Klein, L	lc
	4440 North Federal Hay		Same
≟. (a) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 210-25		
	Boca Rotor, FL 33431		
	6/5/17	K	L17000121980
3.	Date of filing/registration in Florida	4.	Document number
5 (2)	Isaac Klein		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	4440 North Kederal Hwy		(OLD Address)
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRESS)	
	Suite 210-25		T a
	Boca Ratan .FI	3343	OLD Address OLD Address AHASS
(b)	Isaac Klein		m 意 m
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	The Address
	2875 South Ocean Blud		
	NEW Registered Office Address:		
	Suite 200	<u></u> .	
	Palm Beach FI	7740	20
	1 alm Deach	3348	<u> </u>
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered off ability compar of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in the performance of for in Chapt hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605. F.S. Or, if this document is being filed in that the limited liability company has been
Signatu	ure of Registered Agent		