

L17000264040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

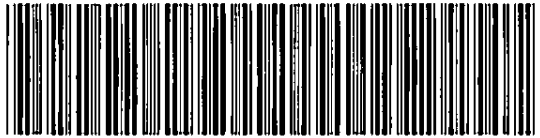
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 29 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 042425 8121494
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25,00

ORDER DATE : January 26, 2018
ORDER TIME : 3:21 PM
ORDER NO. : 042425-005
CUSTOMER NO: 8121494

CHANGE OF AGENT

NAME: SCHEINFELD CAPITAL MANAGEMENT
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

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2018 JAN 26 A 9:49
TALLAHASSEE, FL 32301
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHEINFELD CAPITAL MANAGEMENT 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:

Christina Juzdan

Name of Person

Zelkova Ventures LLC

Firm/Company

43 West 23rd street 2nd Fl

Address

New York, NY 10010

City/State and Zip Code

cjuzdan@zelkovavc.com

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

For further information concerning this matter, please call:

Christina Juzdan

at (212) 750 3157

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2018 JAN 26 A 9 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: SCHEINFELD CAPITAL MANAGEMENT LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

313 DATURA STREET, SUITE 100

1 North Breakers Row, Apt 131

WEST PALM BEACH, FL 33401

Palm Beach FL 33480

3. 12/28/2017 4. L17000264040
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

AUERBACHER, STEVEN M, PA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

200 CONGRESS PARK DRIVE, SUITE 204

DELRAY BEACH, FL 33445

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address

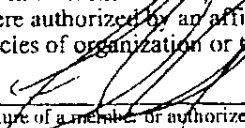
1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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2018 JAN 26 A 9:49
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TALLAHASSEE, FLORIDA

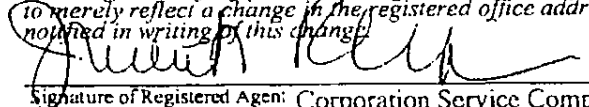
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

LARRY SCHEINFELD

Printed or typed name of signer

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: Corporation Service Company BY:

Judith Reyes
Assistant Secretary

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