

(Requestor's Name)	
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PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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September 19, 2019

STEVE COHEN 1920 E HALLANDALE BCH BLVD #600 HALLANDALE BEACH, FL 33005

SUBJECT: GENERAL INVESTIGATIONS & SPECIAL SERVICES LLC

Ref. Number: L18000104090

We have received your document for GENERAL INVESTIGATIONS & SPECIAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 919A00019427

Down 9/30/19

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: General III	NUESTIATIONS · Special Some of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Steve Cohen Name of Person	
rimicompany	NI « Special Service, LLC
1920 & HALLANDOLE	Beach Blor \$600
HAM A Nable Beach City/State and Zip Code	PC 33005
GENCAN PIR JAMES (to be used for future annu	do Cdm nal report notification)
For further information concerning this matter,	please call:
Stee Cohen Name of Person	_at (<u>561</u>) <u>\$27-8182</u> 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	S55 Filing Fee & Certified Copy

1NHS18 (2/14)

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

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited lias submits the following statement in order to change its registered office or registered agent, or both, t

Florida. Name of the limited liability company: Mailing address of limited liabilit Principal office address of limited liability company: <u>MUST BE ST</u>RE<u>E</u>T ADDRESS) (Note: MAY BE POST OFFIgistration in Florida 3. (a) on the records of the Florida Dept. of State: d Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the c was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise p the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is the chapter of the chapter of the chapter of the chapter of the chapter. notified in writing of this change.

Signature of Registered Agent