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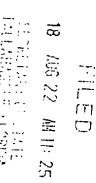
(Requestor's Name)					
(Address)					
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(City	/State/Zip/Phon	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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ONS 2019

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJI	TEAM LANDAU LLC				
	Nan	ne of Limited	Liability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to th	ne following:		
MAR'	THA LANDAU				
	Name of Person				
TEAN	1 LANDAU				
-, · · , . · 	Firm/Company				
141 L	AKE SUSAN DRIVE				
	Address				
WES	T PALM BEACH, FL. 33411				
	City/State and Zip Code				
marty	landau@gmail.com				
E	-mail address: (to be used for future ann	ual report no	tification)		
For fu	ther information concerning this matter,	please call:			
MAR	ΓHA LANDAU	561	603-6601		
	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	I I I	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		

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.

I. Na	me of the limited liability company: TEAM LANDA	U		
2. (a)	141 LAKE SUSAN DR WEST PALM BEACH I	F (b	SAME	
z. (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)
	7/30/2018	_	L18000	182850
3. 5. (a)	Date of filing/registration in Florida MARTY LANDAU	4.		Document number
, (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of St 141 LAKE SUSAN DR Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	WEST PALM BEACH FL 3	33411		FILED No. 22 N
(b)	MARTHA LANDAU Enter name of NEW Registered Agent and/or NEW Registered Contact and New Registered Contact and New Registered Contact and New Registered Office Address:	Office ad	dress	MIN 25
	WEST PALM BEACH . FL 3	33411		
the cha agent w was/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regi pility co the lin imited	stered offi ompany, it nited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signal	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the oblination to mere notified	by accept the appointment as registered agent and agreoms of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change. The of Registered Agent	e to ac perform for in (greby c	t in this ca ance of m Chapter 60 onfirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been