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(Business Entity Name)

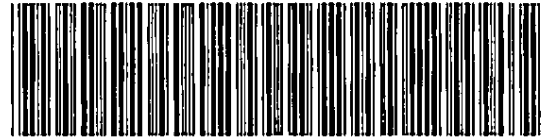
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Regina Rabitaille, Esq.  
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Direct Facsimile: 407.650.0906  
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ATTORNEYS AND COUNSELORS AT LAW

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nelsonmullins.com  
\* In Florida, known as Nelson Mullins Broad and Cassel

October 27, 2020

**PERSONAL AND CONFIDENTIAL**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: S. Hirschmann Family Holdings, LLC

Dear Sir/Madam:

I hope this letter finds you well. Enclosed please find our firm's check for \$25.00 to file the enclosed Statement of Change of Registered Office or Registered Agent or Both Limited Liability Company for S. Hirschmann Family Holdings, LLC.

I am also enclosing an additional copy of this letter and ask that your office acknowledge receipt of this letter by appropriately stamping the enclosed copy and returning it to me in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

NELSON MULLINS BROAD AND CASSEL

A handwritten signature in cursive script that reads "Regina Rabitaille".

Regina Rabitaille, Esq.  
Partner

RR/cp  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S. Hirschmann Family Holdings, 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:

Regina Rabitaille, Esq.

\_\_\_\_\_  
Name of Person

Nelson Mullins Broad and Cassel

\_\_\_\_\_  
Firm/Company

390 N Orange Avenue, Suite 1400

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

Regina.Rabitaille@nelsonmullins.com

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

For further information concerning this matter, please call:

Regina Rabitaille, Esq.

at ( 407 ) 839-4209

\_\_\_\_\_  
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:**

☒ \$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.*

1. Name of the limited liability company: S. Hirschmann Family Holdings, LLC

2. (a) 423 Chilean Avenue Palm Beach, FL 33480 (b) 423 Chilean Avenue Palm Beach, FL 33480  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 05/17/2019 4. 1.19000127527  
Date of filing/registration in Florida Document number

5. (a) Silvia Hirschmann  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
127 W Fairbanks Avenue Box 407

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Park, FL 32789

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

423 Chilean Avenue

NEW Registered Office Address:

Palm Beach, FL 33480

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.

S. Hirschmann  
Signature of a member or authorized representative of a member

Silvia Hirschmann  
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.*

S. Hirschmann  
Signature of Registered Agent