## 119000219322

(R€	equestor's Name)	
(Ác	ddress)	<del>.</del> .
(Ac	dress)	
<u>(Ci</u>	ty/State/Zip/Phone	-#\)
(CI	ty/State/Zip/Filone	π)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 723003 4311863							
AUTHORIZATION:							
COST LIMIT : \$ 25.00							
ORDER DATE : June 3, 2022							
ORDER TIME : 1:26 PM							
ORDER NO. : 723003-005							
CUSTOMER NO: 4311863							
CHANGE OF AGENT							
NAME: BRETT DINOVI & ASSOCIATES FLORIDA, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

## **COVER LETTER**

TO:		tration Section ion of Corporations		
SUBJE	ECT:	Brett DiNovi & Associates Florida, LLC		
		Name of Li	mited Li	iability Company
Dear Si	ir or M	adam:		
The end	closed	Registered Agent/Registered Office Char	nge and	fee(s) are submitted for filing.
Please	return	all correspondence concerning this matte	r to the	following:
lvy M.	Shapir	o, Paralegal		
	-	Name of Person		<del>_</del>
Blank F	Rome I	LLP		
		Firm/Company		<del></del>
One Lo	ogan S	quare		
		Address		
Philade	elphia,	PA 19103		
		City/State and Zip Code	_	_
brett@	brettda	associates.com		
E.	-mail a	ddress: (to be used for future annual repo	ort notifi	cation)
For furt	ther int	formation concerning this matter, please of	all:	
lvy M.	Shapir	o 2 at (	15	569-5784
		Name of Person		Area Code & Daytime Telephone Number
	Maili	ing Address:		Street Address:
	_	stration Section		Registration Section
		ion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclo	sed is a check for the following amoun	t:	
	<b>a</b> \$25	5 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

. Na	me of the limited liability company:	SOCI	ates	Florida, LLC	
. (a)	3000 Atrium Way, Suite 430		(b)	PO Box 8223	
- (47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		s of limited liability company:  Y BE POST OFFICE BOX)
	Mount Laurel, NJ 08054	-		Cherry Hill, NJ 08002	
	09/06/2019	_		19000219322	
	Date of filing/registration in Florida	4.	_	Document r	number
. (a)	Dr. Brett DiNovi				
	Registered Agent and Registered Office shown on the records of the 6301 Collins Avenue, Unit 3102  Registered Office Address (MUST BE FLORIDA STREET A.)			Dept. of State:	
	Miami Beach .FL	3314	1		SECRE
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office	add	ress:	FILED FJUN -3 PM 6: US RETARY OF STATE
	NEW Registered Office Address:	-			AF U.S.
	1201 Hays Street				<b>.</b> .
	Tallahassee , FL	3230	1		
hange gent w /as/we ne artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egist oility the l mite	ered con imit d lia	office and the busines pany, it is hereby con ed liability company o	ss office of the registered firmed that the change(s)
Signat	ure of a member or authorized representative of a member			Printed or typ	ed name of signee
hereb rovisio	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he	e to c erfor for it	ict ii mar n Cli	this capacity. I furth ce of my duties, and I anter 605 F.S. Or if	ner agree to comply with the am familiar with and accept this document is being tiled.