## 120000105247

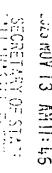
(Requestor's Name)							
(Address)							
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, , , , , , ,							
PICK-UP WAIT MAIL							
(During Fails Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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## COVER LETTER 4

TO:	Registration Section Division of Corporations			
SUBJE	Howard Sohn, Attorney at Law, LLC			
		of Limited Lia	bility Company	
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Office	Change and fe	ec(s) are submitted for filing.	
Please r	return all correspondence concerning this n	natter to the fo	llowing:	
Howard	Sohn			
	Name of Person	_	_	
Howard	Sohn, Attorney at Law, LLC			
	Firm/Company		<b></b>	
1500 Ga	nteway Blvd. Suite 220			
	Address		_	
Boynton	Beach, Florida 33426			
	City/State and Zip Code		_	
crimdefe	enderl@gmail.com			
E-	mail address: (to be used for future annual	report notifica	ation)	
For furt	her information concerning this matter, ple	ase call:		
Howard		561 at (	214-2464	
	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 am	ount:		
■ \$25 Filing Fee			☐ \$55 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.

Name of the limited lia	ability company: Howard Sohn,	Attorney at La	w, LLC			
(a) 1500 Gateway Blvd		(b)	(b) 1500 Gateway Blvd			
Principal office	address of limited liability company: UST BE STREET ADDRESS)	(3/-	Mailing address	s of limited liability company:  'BE POST OFFICE BOX')		
Suite 220		\$	Suite 220			
Boynton Beach, Flo	rida 33426	1	Boynton Beach, Florida	33426		
4/16/2020		L3	20000105247			
Date of fill	ing/registration in Florida	4.	Document r	number		
(a) Howard Sohn						
Registered Agent and R	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5550 GLADES ROAD			2023 S		
Registered Office Add	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 500			FILED 2023 NOV 13 ANTH: 46 SECRETARY OF STATE		
Boca Raton	·	FL <sup>33431</sup>	<del>-</del>	3 E		
(b) Howard Sohn  Enter name of NEW Ro	egistered Agent and/or NEW Registe	<u>ess</u> :	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
NEW Registered Offic	e Address:					
1500 Gateway Blvd.						
Boynton Beach		FL_33426				
ange or changes are madent will be identical. Or, s/were authorized by an articles of organization argument of a member or authorized by accept the appoint	pany is not organized under the e, the Florida street address of t in the case of a Florida limited affirmative vote of the member or the operating agreement of t prized representative of a member timent as registered agent and completed as registered agent as proving the registered office address, mange.	the registered of liability compared to act in	office and the business cany, it is hereby confid liability company oblity company.  4 Sohn  Printed or type this capacity. I furth	is office of the registered firmed that the change(s) is as otherwise provided in ed name of signee		
nature of Registered Agent						
iaiure of Registered Agent						