

L21000 45 3838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

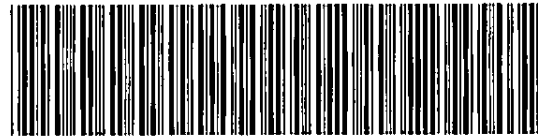
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
FEB 12 2025

Office Use Only



500444228435

2025 FEB 11 PM 1:32

FILED

2025 FEB 11 PM 4:17

FILED

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 02/11/2025**

**NAME: LEMAT MIDTOWN, LLC**

**TYPE OF FILING: CHANGE OF RA**

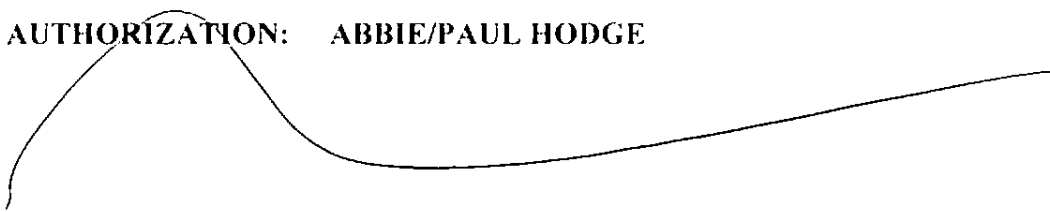
**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

**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: LEMAT MIDTOWN, LLC
2. (a) 1750 N. WOLCOTT AVE, UNIT 203 (b) 1750 N WOLCOTT AVE, UNIT 203  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
CHICAGO IL 60622 CHICAGO IL 60622

3. 10/18/2021 Date of filing/registration in Florida 4. L21000453838 Document number

5. (a) JEROME MATTIOLI & DAVID LEMAN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3470 E. COAST AVE, APT H2010  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
MIAMI FL 33137  
\_\_\_\_\_, FL \_\_\_\_\_

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

Florida Filing & Search Services, Inc.

NEW Registered Office Address:

155 Office Plaza Drive

Tallahassee, FL 32301

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.

[Signature]  
Signature of a member or authorized representative of a member

JEROME T. MATTIOLI  
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 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.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00