

L23000498413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

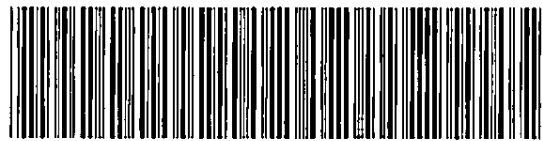
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23 DEC 18 AM 11:48
CLERK OF COURT
JULIA A. STAFF
TALLAHASSEE, FL 32304

Debra Schachter Insurance & Financial Services

518 E. Township Line Rd., Suite 260

Blue Bell, PA 19422

Phone: 610-941-6161 Fax: 610-941-5477

deb.schachter@adviserfocus.com

December 14, 2023

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Statement of Change of Registered Office

Dear Sir/Madam:

Enclosed are a completed Cover Letter and a completed "Statement of Change of Registered Office" regarding the business entity I recently registered. Also enclosed is payment of the \$25.00 fee.

The only change is a correction to the principal address and mailing address of the business. **The correct street address is 3330 NE 190th Street, Unit 1510** (the original document incorrectly identified the street address as 3390 NE 190th Street, Unit 1510).

Please process the enclosed documents.

Please mail the Letter of Acknowledgement to me at the following address:

Debra Schachter
3330 NE 190th Street, #1510
Aventura, FL 33180

Thank you very much for your assistance.

Sincerely,



Debra Schachter

DS/

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEBRA SCHACHTER INSURANCE, 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:

DEBRA B. SCHACHTER

Name of Person

DEBRA SCHACHTER INSURANCE, LLC
Firm/Company

3330 NE 190th STREET, UNIT 1510

Address

AVENTURA, FL 33180

City/State and Zip Code

DEB.SCHACHTER@ADVISERFOCUS.COM

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

For further information concerning this matter, please call:

DEBRA B. SCHACHTER 215 870-8601
_____ at (_____) _____
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: DEBRA SCHACHTER INSURANCE, LLC

2. (a) 3330 NE 190th STREET, UNIT 1510 (b) 3330 NE 190th STREET, UNIT 1510

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

AVENTURA, FL 33180

AVENTURA, FL 33180

11/01/2023

L23000498413

3. Date of filing/registration in Florida

4. Document number

5. (a) DEBRA SCHACHTER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3390 NE 190th STREET, UNIT 1510

AVENTURA, FL 33180

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

NEW Registered Office Address:

3330 NE 190th STREET, UNIT 1510

AVENTURA, FL 33180

FILED
23 DEC 18 AM 11:50
TALLAHASSEE, FLORIDA

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.

Debra Schachter

Signature of a member or authorized representative of a member

DEBRA SCHACHTER

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.

Debra Schachter

Signature of Registered Agent