

(Requestor's Name)									
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(Business Entity Name)									
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SECRETARY OF STATE

2024 APR 22 AH 8: 0

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	CHERNOFF L	EGAL CON	SULTING LLC	
		Name of Limited	Liability Company	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	d Office Change at	nd fee(s) are submitted for filing.	
Please	e return all correspondence concernit	ng this matter to th	e following:	
Micha	el Serrano			
	Name of Person		 (::	202
ZenBu	isiness Inc.		A CREATE TO A CREA	AP (
	Firm/Company			2024 APR 22
336 E.	College Ave. Suite 301		중소 일반 제한	MH 8: 03
-	Address			3. 03
Tallah	assee, FL 32301		לוז	. —
	City/State and Zip Co	xde	 .	
ra@xe	enbusiness.com			
1	E-mail address: (to be used for future	e annual report not	ification)	
For fu	rther information concerning this ma	atter, please call:		
Micha	el Serrano	844 at (493-6249)	
	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 follow	wing amount:		
	■ \$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.

1. Na	une of the limited liability company:CHERN	OFF	LEGA	L CONSUL	TINC	G LL	C		
2. (a)	1060 CRYSTAL WAY UNIT 101	(b) 1060 CRYSTAL WAY UNIT 101							
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of li (Note: MAY BE)		-			
	DELRAY BEACH, FL 33444	_	DELRAY	BEACH, FL 3344	4	···			
	03/22/2024		 L240001417	759					
3.	Date of filing/registration in Florida	. 4.		Document numb	—				
5. (a)	CHERNOFF, SHANE	,,	Document number						
(,	Registered Office Address (MUST BE FLORIDA STREET ADDR	_							
	1060 CRYSTAL WAY UNIT 101			5 -3					
	Registered Office Address (ST BE FLORIDA STREET ADDRESS	_	2024 APR 22 SECRETAR TALLAH	er er sag					
(b)	DELRAY BEACH , FL_	33444							
	ZenBusiness Inc		AH						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	_	· 무류	7 P					
	336 E. College Ave. Suite 301								
	NEW Registered Office Address:								
	Tallahassee , FL_	3230	11	<u>.</u>					
change agent v was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere pility con the limi	d office and mpany, it is ited liability	d the business off s hereby confirme v company or as	fice of the	ne regis	stered		
	Shane Chernoff			Shane Cherr	off				
	ure of a member or authorized representative of a member			Printed or typed na	_				
provision the oblination mere notified	that dendy	e to act erforma for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	acity. I further as duties, and I am f , F.S. Or, if this the limited liabili	gree to c amiliar v documer ty compo	omply with ai nt is be any ha	with the ad accept ing filed s been		
	Te of Registered Agent								