DOCU	MENT	44	JSINESS REPO 000000596		***			FILED		
1. Entity Nam						ļ	•	FILEU		
DAVID J.	. LIPMAN,	L.L.C,					OI MAY	-1 PM 5	18	
Principal Plac	e of Business	·-··	Mailing Address	· 	· · · · · · · · · · · · · · · · · · ·		SECRET	ARY OF STA	ATE	
	MARKET ROA	D	P.O. BOX 3088				IALLAN	וסטבבי דוי	KIDA	
IMMOKALEE	FL 34142		IMMOKALEE FL 34143				•		•	
2. Principal P	lace of Busine	ess	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	City & State		City & State		· · ·		Number 361 - 76	-3741	J	Applied For lot Applicable
Zip ,	,	Country	Zip	Country		5. Cert	tificate of Status De	esired :	\$5.00 Ad	ditional
	6. Name	and Address of Cur	rent Registered Agent		Name	7. Nап	e and Address of	New Registered		
LIPMAN, I	DAVID J 😁	-								
	W MARKET				Soeel Addres	ess (P.O. Box Number is Not Acceptable)				
IMMOKAL	EE FL 3414	2			24			· · · · · · · · · · · · · · · · · · ·	T	
				()	City			FI	L Zip Coo	de
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. The above	named entity	submits this stateme	nt for the purpose of changing its	registered of	office or regis	tered agent,	or both, in the Stat	e of Florida.	•	
SIGNATURE										
SIGNATURE		submits this stateme	agent and title if applicable. (NOT)	Registered Ag	ent signature requ	ired when reinstal		te of Florida.		
SIGNATURE			agent and title if applicable. (NOT)	Registered Ag	ent signature requ	ired when reinstal				
SIGNATURE		printed name of registered	agent and title if applicable. (NOT FILE N Make Check Pa	Registered Ag	ent signature requ	ired when reinstal	ing)	DATE		
SIGNATURE	Signature, typed or	printed name of registered	agent and title if applicable. (NOT	Registered Ag	ent signature requ	ired when reinstal	ing)			☐ Addition
SIGNATURE	Signature, typed or MGRM LIPMAN, DA	printed name of registered of the printed name of th	FILE N Make Check Pa	Registered Ag W!!! FE rable to E 10. TITLE NAME	ent eignature requires (S. \$50.0) Department	ired when reinstal	ing)	DATE	S Change	☐ Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANA 3ER, OR AUTHORIZED REPRESENTATIVE

941-657-4421 Daytime Phone #