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(Requestor's Name)							
(Address)							
(Add	ress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate	s of Status					
Special Instructions to F	iling Officer:						





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06/27/14--01019--022 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED

JUL 14 2015

TEMIEUX

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
CABOT EAST BROWARD 21 LLC SUBJECT:						
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:					
ROBERT M. HERMAN						
Name of Person	_					
ROBERT M. HERMAN, P.A.						
Firm/Company	_					
8551 W. SUNRISE BLVD., SUITE 102						
Address						
PLANTATION, FL 33322						
City/State and Zip Code						
RMHJH@AOL.COM						
E-mail address: (to be used for future annual report notif	ication)					
For further information concerning this matter, please call:						
ROBERT M. HERMAN 954	617-7000					
Name of Person	Area Code & Daytime Telephone Number					
Registration Section Re Division of Corporations Di Clifton Building P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314					
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. Na	ame of the limited liability company: CABOT EAST	BROV	VARD 21	LLC			
2. (a)	C/O ROBERT M. HERMAN, P.A.	(b)	CABOT	EAST BROWAR	D 21 LL	С	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,		Mailing address of limited (Note: MAY BE POST			:
	8551 W. SUNRISE BLVD., SUITE 102		POBOX	< 550453			
	PLANTATION, FL 33322	_	FORT LA	AUDERDALE, FL	. 33355		
	3/9/2006		M0600000	01421			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	NATIONAL CORPORATE RESEARCH, LTD	., INC.					
J. (u)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	::			
	155 OFFICE PLAZA DRIVE						
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)	1				
	TALLAHASSEE , FL_	32301			ಶ∡	-	
(b)	ROBERT M. HERMAN				ECRE	JUN N	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	lress:	•	TAR ASS	27	77.2
	ROBERT M. HERMAN, P.A.				1,33 1,01,0	⊋	CEO H
	NEW Registered Office Address:			•		=	
	8551 W. SUNRISE BLVD. SUITE 102				AGI	#	
	PLANTATION	33322					
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member or authorized representative of a member	s of the he regis bility co the limited l	State of Flo stered office impany, it is ited liability	and the business off shereby confirmed the company or as othe spany.	fice of the hat the cha erwise pro	regis	tered
I here provist the ob- to mer notifie	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he drin writing of this change.	ee to act perform for in C ereby co	in this capo ince of my o hapter 605, infirm that t	* *	_	y with and a being as be	n the ccept filed en

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