## m09000004856

(Requestor's Name)				
(Address)				
(Address)				
(Cil	ty/State/Zip/Phon	e #)		
PICK-UP	TIAW	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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ţ,	COVED 1 CTTED					
TO: Registration Section Division of Corporations	•					
SUBJECT; Dynagrow Capital LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt						
Andrew Levy						
Name of Person						
Frank, Weinberg & Black, P.L.						
Firm/Company	<del></del>					
1875 NW Corporate Blvd., Suite 100						
Address						
Boca Raton, FL 33431						
City/State and Zip Code	<del></del>					
alevy@fwblaw.net						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
Andrew Levy at (	561 989-0700					
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 amour	ıt:·					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
NHS18 (2/14)	, S					

## 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. N	ame of the limited liability company: Dynagrow Capital	LLC	_	
2. (a)	6010 Le Lac Road	(b) 6010 Le Lac		ac Road
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33496		Boca Rato	n, FL 33496
		_		
	04/12/2012		A12000000	200
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Sarah Hassan			
(-,	Registered Agent and Registered Office shown on the records of the	e Flori	da Dept. of Stat	_ e;
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE:	<u>555)</u>	_
	1100 Holland Drive			
	Boca Raton	33487	-	~ .
	, FL			<u>.</u>
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered O	)ffice a	ddress:	-
				7
	NEW Registered Office Address:		·	-
	6002 Le Lac Road			÷
				-
	Boca Raton	33496		
7.C.a.L 1				-
change	imited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or in the case of a Florida limited limit	of the	e State of Flo red office and	orida, it is hereby confirmed that after the distincts office of the registered
	will be identical. Or, in the case of a Florida limited liabilete authorized by an affirmative vote of the members of its of organization or the operating account of the members of its of organization or the operating account of the members of its organization or the operating account of the operation of the op			
ر المال	cles of organization or the operating agreement of the lir	mitea	liability com	pany.
Signa	ture of a member or authorized representative of a member		ah Hassan	Printed or typed name of signee
		to ac	t in this cana	city. I further agree to comply with the
he obl	ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided for	rform or in	ance of my d Chapter 605.	luties, and I am familiar with and accept F.S. Or, if this document is being filed
otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided for the registered office address, I her in writing of this change.	reby c	onfirm that i	he limited liability company has been
	of Registered Agent			

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