

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
AMERICAN INVESTMENT PLANNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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11 JAN 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 18 2011
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JAN. 10, 2011 4:44PM

ARS FINANCIAL SVS 5169327706

NO. 133 P. 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Investment Planners 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:

Stephanie G. Sencer, Esq.
Name of Person

Lehman & Ellen LLP
Firm/Company

50 Charles Lindbergh Boulevard, Suite 505
Address

Uniondale, New York 11553
City/State and Zip Code

ssencer@lehmanellen.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie G. Sencer, Esq. at (516) 223-2289
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

FILED
2011 JAN 14 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: American Investment Planners LLC

2. (a) Principal office address of limited liability company: 500 North Broadway

(Note: MUST BE STREET ADDRESS)

Jericho, New York 11753

(b) Mailing address of limited liability company: 500 North Broadway

(Note: MAY BE POST OFFICE BOX)

Jericho, New York 11753

October 22, 2010

M10000004741

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Lee E. Rosenberg, Managing Member

Registered Office Address:

1801 Clint Moore Road - Suite #109

Boca Raton, Florida 33487

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

21301 Powerline Road, Suite 100

Boca Raton

FL 33433

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.

Signature of member or authorized representative of a member

Lee E. Rosenberg

Printed or typed name of signer

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 608, 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.

By: Signature of Registered Agent

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