

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160000469103)))



H160000469103ABC

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SCORE SARY BT JIMPE ALLAHASSEE, PLUNDA

## LLC REGISTERED AGENT CHANGE CHLOE PROD, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H16000046910 3)))

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.

. Name	of the limited liability company: Chloe Prod, L	LC			
. (a)		(	<b>(b)</b>		
(")	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del> ,	(b)		
3	799 Pine Island Road		3799 Pi	ne Island Road	
S	unrise, Florida 33351	_	Sunrise	, Florida 33351	
03	3/14/2014		M140000	001749	
	Date of filing/registration in Florida	4.		Document number	
. (a) _					
	gistered Agent and Registered Office shown on the records of t	he Florie	da Dept. of Stat	– te:	
_	erfaty Law, P.A.				
Reg	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- -		
4	770 Biscayne Boulevard, Suite 1430				
	liami , FL				
<del></del>	, FL			- 02 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b)				SAN D	
Ente	or name of NEW Registered Agent and/or NEW Registered (	Office a	ddress:	A 9 P	
St	tacey Halpern, P.L.			ILED EB 23 A 9: 38 ETARY OF STATE	
NE	W Registered Office Address:			-	
0	ne North Clematis Street, Suite 500	•			
			Ward	-	
W	/est Palm Beach , FL	33401			
the limite e change gent will l as/were a	ed liability company is not organized under the law or changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the operating agreement of the l	s of the the reg bility c the lir imited	e State of Floistered office company, it inited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
	Stary Happy	Sta	acey Halpe	ern, Esq. Authorized Representativ	
	of a member or authorized representative of a member			Printed or typed name of signee	
hereby acrovisions in obligation of the control of	ccept the appointment as registered agent and agre of all statutes relative to the proper and complete to ions of my position as registered agent as provided effect a change in the registered office address, I have writing of this change.	ee to ac perforn for in ereby c	et in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
ignature of	Registered Agent , Manager				
	J				

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