

(Requestor's Name)								
(Address)								
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(Cit	y/State/Zip/Phon	e #)						
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(Document Number)								
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December 3, 2015

CHRISTOPHER G FUSCO 12 SE 7TH STREET, SUITE 805 FT. LAUDERDALE, FL 33301

SUBJECT: CALLAHAN & FUSCO LLC

Ref. Number: M15000007842

We have received your document for CALLAHAN & FUSCO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 115A00025348

COVER LETTER

	TO: Registration Section Division of Corporations						
SUBJECT: Callahan & Fusco, 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:							
\S.	Christopher G. Fusco Name of Person						
	Callahan & Fusco, 160 Firm/Company						
	12 SE 7th Street, Suite 805 Address						
	Ft. Lauder dale, FL 33301 City/State and Zip Code						
	AIRIZARRY @ (ALLAHANFUS CO. COM E-mail address: (to be used for future annual report notification)						
	For further information concerning this matter, please call:						
•	Ontonio Trizary at (973) 618-9770 Name of Person at (973) Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following amount:						

□ \$55 Filing Fee & Certified Copy

🗆 \$25 Filing Fee

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

rioriaa.		A 1	<u></u>	_		
1. Name o	of the limited liability company:	<u>Callahar</u>	1 & Fus	co, LLC		
2. (a)	Principal office address of limited liab (Note: MUST BE STREET AD	ility company:	(b)	Mailing address (Note: MAY	of limited liabil BE POST OFF	
10	13 Eisenhawer Pa	duray	·····			
	Suite 400	·		•		
Ŗċ	seland, NJ 0700	8				
	9-28-15		M_{\odot}	5000	30078	342
3.	Date of filing/registration in I	lorida	4. ,	Document.n	umber.	a man a sagera of the
5. (a)(Christopher G. F	usco		· · · · · · · · · · · · · · · · · · ·		
Regi	istered Agent and Registered Office show	м . А	•	State:		
Reg	200 South And sistered Office Address MUST BE FL					
	Scrite 901				,	~⊃
<u> </u>			22261			
-[1	Lauclerdale	, FL	33301	, , , ,	TEM I	哥 !!
(b)(heistopher G.	Fusco				აგ —
	er name of NEW Registered Agent and/or		ice address:	a salar a	ന്റ	
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1	2 SE Th Str	cet, Shite	805		STATE LORID,	— ဂ်ၤ
<u>NE</u>	W Registered Office Address:	. 1			Ã.	
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<u></u>	rt. Laurbrohle	, FL <u></u>	<u>3330 \</u>	and the second second second second		
If the limite	ed.liability company is not organiz	ed under the laws o	of the State of	Florida, ji is he	reby confirm	ed that after
the change	or changes are made, the Florida's be identical. Or, in the case of a Fl	treet address of the orida limited liabil	e registered of lity company.	fice and the bus it is hereby con-	iness office o firmed that th	it the registered ie change(s)
	and the second land and of the second second as a second	6 e la mana a mala a a a a a a b	سأمثل امروايساليسا		r as otherwis	e provided in
the articles	of organization or the operating as	greentent of the tin	med matring)	h Shale	Fun	
	of a member or authorized representative o				ed name of signs	
I hereby ac	ccept the appointment as registere	d agent and agree	to act in this c	capacity. I furth	er agree to c	omply with the
provisions the obligati	of all statutes relative to the prope ions of my position as registered a effect a change in the registered a	r and complete per gent as provided fo	formance of i or in Chapter	ny duties, and I 605; F.S. Or, if	am familiar v this documer	vith and accept it is being filed
notified in	effect a change in the registered of	yice address, I her	epy confirm th	rat the timited li	aounty compo	iny nas veen
	/ pe =	····	•	•		
Signature of	Registered Agent		1			

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