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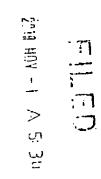
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Special Instructions to Fi	ling Officer:			

Office Use Only



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COVER LETTER

TO: , Registration Section Division of Corporations		
SUBJECT: Hertz Fu	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th		
Name of Person	<u>9 < / </u>	
Jerta Furniture Firm/Company	Systemi, CCC	
170 W.llians Dr.	C: 12 301	
City/State and Zip Code	7446	
E-mail address: (to be used for future ann	nual report notification)	1 1
For further information concerning this matter,	please call:	> : 3
Name of Person	at (Z01) 525 Z100 Area Code & Daytime Telephone Number	U
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 (2/14)		

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	me of the limited liability company:/_/ec+2_	Furn.t.	in Systems LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Su. to 201		5 te 201	
	Mansey NJ07446		Ramsey NJ 0744	۲ ۵
3.	Date of filing/registration in Florida	4.	78-8017525182-4 Document number	
5. (a)				
J. (a)	Elliot Crossbard Registered Agent and Registered Office shown on the records of th	he Florida Dept. of	State.	
	17430 NE 77th Ct.			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		

		33/62	<u> </u>	7
(b)	David Master			AUT L.
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	<u> </u>	ستعد 1
	7539 Sierra Dr. Ea			- >
	NEW Registered Office Address:			بن
	Boca Raton .FL	33433	<u> </u>	: -
the char agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the registered of bility company, the limited liab limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.	
	166		Printed or typed name of signee	
-	ure of a member or authorized representative of a member		- · · · · · · · · · · · · · · · · · · ·	
thereb provision the oblition to mere notified	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided it reflect a change in the registered office address, I he i'in writing of this phange.	ee to act in this operformance of i for in Chapter eroby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

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

INHS18 (2/14)

Signature of Registered Agent