

M1800000 2641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

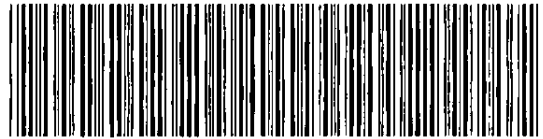
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP 25 PM 12:54
CLERK OF COURT
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2023

COLMAN BREGER
170 WILLIAMS DR STE 201
RAMSEY, NJ 07446

SUBJECT: HERTZ FURNITURE SYSTEMS, LLC
Ref. Number: M18000002641

We have received your document for HERTZ FURNITURE SYSTEMS, 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, but your entity is a 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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 823A00019954

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TALLAHASSEE, FL

SEP 25 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hertz Furniture Systems, 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:

Coleman Breger
Name of Person

Hertz Furniture Systems, LLC
Firm/Company

170 Williams Dr. Ste 201
Address

Ramsey NJ 07446
City/State and Zip Code

coleman@hertz furniture.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coleman Breger at (201) 529-2100
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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

check for '35 was already sent

SECRET
TALLAHASSEE, FL

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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. Name of the limited liability company: Harte Furniture Systems, LLC

2. (a) 170 W. Williams Dr. Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Ste 201
Ramsey NJ 07446

(b) 170 W. Williams Dr. Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Ste 201
Ramsey NJ 07446

3. 3/15/18 Date of filing/registration in Florida

4. M180000002641 Document number

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

7539 Sierra Dr. E.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL. 33433

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

8204 NW 128th Lane
NEW Registered Office Address:

Parkland, FL. 33076

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]
Signature of a member or authorized representative of a member

Coleman Breger
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 605, 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.

[Signature]
Signature of Registered Agent

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

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