

M95000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2006 SEP 19 P 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIA/KORNREICH LIMITED LIABILITY COMPANY
(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:

TONDA PRATT
(Name of Person)

CHUBB LICENSING SERVICES
(Firm/Company)

15 Mountain View Rd PO Box 1615
(Address)

Warren, NJ 07061-1615
(City/State and Zip Code)

For further information concerning this matter, please call:

Tonda Pratt at (908) 903-2484
(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

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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 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. The name of the limited liability company is: NIA/KORNREICH LIMITED LIABILITY COMPANY

2. The mailing address of the limited liability company is : _____

1400 CENTRE PARK BLVD. WEST PALM BEACH, FL 33401

02/09/1995

M95000000040

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

KEITH NICHOLSON

Name

1400 CENTRE PARK BLVD.

Address

WEST PALM BEACH, FL 33401

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company,

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City, State and Zip

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 a member or authorized representative of a member)

PAUL L. GROSS, CHAIRMAN

(Printed or typed name of signee)

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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 12, 2006

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: NONRESIDENT AGENT'S LICENSE
STATE OF FLORIDA

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2006 SEP 19 P 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please record the Registered Office change for NIA/Kornreich LLC as a nonresident agent in the state of Florida. Enclosed are the following:

1. Cover Letter
2. Chubb Licensing Services check in the amount of \$25.00

Thank you for your cooperation.

Tonda Pratt
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2486

Encl.