

NO9841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

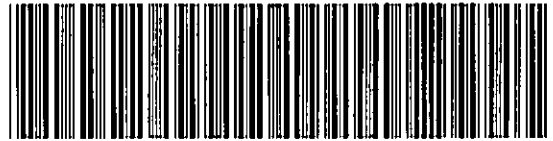
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600398936196

12/19/22--01027--002 \*\*35.00

FILED  
2022 DEC 19 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

Ra Chang

MAR 08 2023  
D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Longshoremen of Dade County, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N09841

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard Susskind

Name of Contact Person

Sugarman Susskind Braswell & Herrera

Firm/Company

150 Alhambra Circle, Suite 725

Address

Coral Gables, FL 33134

City/State and Zip Code

hsusskind@sugarmansusskind.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercy Rives

at (305) 529-2801

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2022 DEC 19 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Longshoremen of Dade County, Inc.
2. The principal office address: 816 NW 2ND AVENUE MIAMI, FL 33136-3908
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/16/1985 Document number: N09841
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FLAXMAN, NEIL, ESQ.

80 SW 8TH ST STE 3100

MIAMI, FL 33130

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Howard Susskind

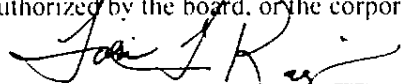
150 Alhambra Circle, Suite 725

P O Box NOT acceptable

Coral Gables, FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Torin Ragin

\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

12/9/2022  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2022 DEC 19 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FL