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REGISTERED AGENT CHANGE CIRCLE OF FRIENDSHIP OF GREATER FORT LAUDERDALE INC

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H24000287368

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	ame of the limited liability company:	CLE OF FRIEND	SHIP OF GREAT	ER FORT LAUDERI	DALE INC		
2. (a)	1302 E LAS OLAS BLVD		(b) 1302 E LAS OLAS BLVD				
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADDRE			Mailing address of limited (Note: MAY RE POS			
	FORT LAUDERDALE, FL 33301		FORT LAI	UDERDALE, FL 3330			
	06/27/2022		N22000007	311		·	
3.	Date of filing/registration in Flor	ida 4		Document number			
5. (a)	CHAIM SLAVATICKI				(c)	2	
J. (a)	Registered Agent and Registered Office shown on	the records of the F	Torida Dept. of State	- ::	T C	124	
	1302 É LAS OLAS BLVD					AUG	
	Registered Office Address (MUST BE FLORE	•	AHAS	2024 AUG 27	Part Ser		
	FORT LAUDERDALE	, FL	01	-	OF ST	AM 10: 3:	
(b)	TRIPP SCOTT, P.A.				17.	အ	
(-)	Enter name of NEW Registered Agent and/or NE	W Registered Offi	ce address:				
	ATTN: JAKE S. BLUMSTEIN, ESQ.	_		_			
	NEW Registered Office Address:						
	110 SE 6TH STREET, 15TH FLOOR			-			
	FORT LAUDERDALE	, FL	301	_			
change agent was/w	limited liability company is not organized to or changes are made, the Florida street adwill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agree	ldress of the reg la limited liabili e members of th	istered office and ty company, it is a limited liability	d the business offices hereby confirmed t y company or as oth	of the reg that the ch	gisterec ange(s))
	Jake S. Blumstein, Cag	' .	JAKE S. BLUM	STEIN, ESQ, Authori	zed Repres	entativo	
Signa	turn of a member or authorized representative of an	nember		Printed or typed name	_		
MUMBE	by accept the appointment as registered as ions of all statutes relative to the proper a ligations of my position as registered agen ely reflect a change in the registered office d in writing of this change.	gent and agree t id complete per it as provided for address, I here	o act in this cape formance of my e r in Chapter 605 by confirm that	acity. I further agre duties, and I am fam , F.S. Or, if this doc the limited liability o	e to compl siliar with cument is i company h	ly with and ac being f ias bee	the cept îled n
Signa	Jake S. Blumstein, Cag.	_					
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00