

7/12/2018

Division of Corporations

Florida Department of State
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Account Name : DUANE MORRIS LLP
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Email Address: TMILLER@DUANEMORRIS.COM

REGISTERED AGENT CHANGE
GREGORY M. LEFKOWITZ, P.A.

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**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: GREGORY M. LEFKOWITZ, P.A.
2. The principal office address: 1875 NW Corporate Blvd., Ste. 300, Boca Raton, FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/18/2015 Document number: P15000016447

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)

Gregory M. Lefkowitz

5100 Town Center Cir Ste 650

Boca Raton, FL 33486

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

Gregory M. Lefkowitz

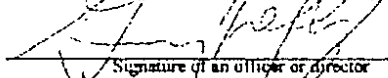
c/o Duane Morris LLP, 1875 NW Corporate Blvd., Ste. 300

P.O. Box NOT acceptable

Boca Raton, FL 33431

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

Gregory M. Lefkowitz, Director

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

07/12/2018

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

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