15000081451

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phone	o #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		į			

Office Use Only



100294987701

02/14/17--01004--029 **25.00

2017 FEB 13 PH 3:56

ZON FEB 13 P W 07

n BRUCE FEB 14 2017

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI		ne of Limited I	iability Company			
		io or bilinion i	successfully company			
Dear S	ir or Madam:					
The en	aclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted fe	or filing.		
Please	return all correspondence concerning th	is matter to the	e following:			
ROB	ERT R BISTRY					
	Name of Person					
J TA	TLOCK DESIGN LLC					
	Firm/Company					
1210	0 SW 69TH CT					
	Address					
MIAN	MI, FL 33156			ACC	2017	
	City/State and Zip Code			任品	8	-1-1
BBIS	TRY@BUILT-FORM.NET			338 787		
	E-mail address: (to be used for future and	nual report noti	fication)	\$ 'g∵ 	T	[]
For fu	rther information concerning this matter.	, please call:		ORICA	t: 0 7	
ROB	ERT R BISTRY	305	9028629			
	Name of Person	*** (Area Code & Dayti	me Teleph	one N	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: egistration Section of Corporations O. Box 6327 fallahassee, Florida 323			ı
	Enclosed is a check for the following	g amount:				,*,
	☑ \$25 Filing Fee	2 0 9	\$55 Filing Fee & Certif	ied Copy		

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.

(a)	12100 SW 69TH CT	(b) 12100 SW 69TH CT		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI FLORIDA 33156	MIA	MI FLORIDA 33156	
	WHANT LONDA 33 100		IIVII FLORIDA 33 130	
	MAY 07, 2015	L150	00081451	
	Date of filing/registration in Florida	4.	Document number	
(a)	CHEYENNE MOSELEY			
	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:	
(INITED STATES CORPORATION AGENTS	3		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	13302 WINDING OAKS COURT			
	TAMPA	_33612	- <u></u> .	
1. N	ROBERT R BISTRY		2017 F	
D).	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		
			SS W	
	ROBERT R BISTRY		i i i i i i i i i i i i i i i i i i	
	NEW Registered Office Address:			
	12100 SW 69TH CT	-		
	MIAMI . F	L_33156		
char ent w s/we artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the large of a member or authorized representative of a member	of the registered liability compan of the limited li e limited liabilit	office and the business office of the registe y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	

FILING FEE: \$25.00

INHS18 (2/14)