~ LIV000086476

(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:			





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09/19/17--01002--015 **25.00



S. WARREN SEP 1 9 2017

COVER LETTER

O: Registration Section Division of Corporations				
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
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:				
John Di Gregoria Da Name of Person				
Firm/Company				
37/8 Dane Drive				
Boy to Boach FL 33435 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jdw J Di Gregoric Jr. at (36) 40-8771 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 \$\square\$ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)				

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:	
2. (a)	(b)	
21 (u)	Principal office address of limited liability company: Maili	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
	3718 Diane Drive 3718	Dane Ore
	Boyuton Beach FL 33435 Boy	wtor Beach FL 339
	5/3/16	000086476
3.	Date of filing/registration in Florida 4. Do	cument number
5. (a)		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	~~~ 1
	4610 NW TEN	
_	Boxa Rata ,FL 33431	FII SEP I I AHAS
		R AR SEE, I
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	ANII: OF STA
	Enter haine of NEW Registered Agent and/of NEW Registered Office audress.	I. 22 TATE ORIDA
	NEW Registered Office Address:	
	3718 Diane Drive	
	Boynton Reach, FL 33435	
the cha agent w was/we	limited liability company is not organized under the laws of the State of Florida ange or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is he ere authorized by an affirmative vote of the members of the limited liability considered.	If the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
	icles of organization or the operating agreement of the limited liability compar	oted or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity ions of all statutes relative to the proper and complete performance of my dutiligations of my position as registered agent as provided for in Chapter 605, F. ely reflect a change in the registered office address, I hereby confirm that the din writing of this change.	2. I further agree to comply with the es, and I am familiar with and accept
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00