

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000216916 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307) 200 - 2803

Fax Number

: (855)330-1010

-2 <b>13</b>								سب حدد.	
**Enter the	omail	addence	for this	s busin	ess enti	tv to b	e used	for futu	re:
Eurei me	GMQT (	auu1 €33		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A TOTAL	.,			
annual	repor	t mailin	gs. Ente	r only	oug≨6m91	it agore	355 pre	ase	
-			_		•			·	

Emai	ı	Add	res	5:
Lui G 3				

## LLC REGISTERED AGENT CHANGE ARCANUM SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

1. 7

n SCOTT AUG 1 6 2017

## 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)	581 N PARK AVE	(b)	581 N PARK AVE
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 805		SUITE 805
	APOPKA, FL 32704-0805		APOPKA, FL 32704-0805
	05/19/2016		L16000098249
	Date of filing/registration in Florida	4.	Document number
(a) <u>L</u>	EGALINC CORPORATE SERVICES INC.		
Re	gistered Agent and Registered Office shown on the records of t	he Florida Dep	ot, of State:
5	5237 SUMMERLIN COMMONS		
Re	egistered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
Ç	SUITE 400		. 5 H
<u>.</u>	FORT MEYERS , FL	33907	FILED
(b)	Registered Agents Inc.		72
Ei	nter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>v</u> :
;	3030 N. Rocky Point Dr.		<del></del>
<u> </u>	VEW Registered Office Address:		
	STE 150A		
	Tampa , FL	, 33607	
ne chang gent wil vas/were he artiel	nited liability company is not organized under the large or changes are made, the Florida street address of libe identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of organization or the operating agreement of the	ability comp of the limite	pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	re of a member of authorized representative of a member	van to ant in	this committee I forther agree to comply with the
rovisioi he oblig o merel	e accept the appointment as registered agent and ag ns of all statutes relative to the proper and complete eations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in e performanced for in Che hereby conj	ce of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file firm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00