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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

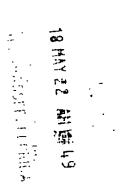
Office Use Only



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J. LEGGETT MAY 23 2018



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FORT LOWETO ale TIKI LUC Name of Limited Liability Company		
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:		
Grea Whable Name of Person		
FORT Lawerdale Tivi, LCC Firm/Company		
1314 E LAS OLAS BUD 130 Address		
TE Lander Dale FL 33301 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
SREG Whools at (954) 401 2808 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassec, Florida 32314		
Tallahassee, Florida 32301		
Eaclosed is a check for the following amount:		
\$\$55 Filing Fee \$\Pi\$ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1 **1**

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.

riorida.
1. Name of the limited liability company: FORT LOUGES ON TIKE LUC
2. (a) BIAELAS OF BLANDRESS (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Fe Lacderdale
FC 33301
3. Date of filing/registration in Florida 4. Document 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)
(b) Schrader ESQ Enter name of NEW Registered Agent and/or NEW Registered Office address:
BIA E LAS OLAS BIVI # 130 NEW Registered Office Address
FE Lawderdale FL 33301
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative yet of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of affirmative of a member Printed or typed name of signee
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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect achange in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent
Division of Corporations P.O. Par 6227: Tallabarra, Ph. 32214

FILING FEE: \$25.00