L17000221658

(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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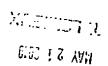
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05/10/18--01040 - 014 - **CT.OC





COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	1112 W MAIN ST LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
CHRI	STOPHER S. TROESCH					
	Name of Person					
	Firm/Company					
2500	N OCEAN BLVD					
	Address					
POM	PANO BEACH, FL 33062					
	City/State and Zip Code					
CTRC	DESCH@GMAIL.COM-					
Ē	-mail address: (to be used for future annua	il report notification)				
For fur	ther information concerning this matter, pl	lease call:				
CHRIS	STOPHER S. TROESCH	352 398-6183				
	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 ar	mount:				
	☑ \$25 Filing Fee	☐ \$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.

Na	ime of the limited liability company: 1112 W MAIN	STLL	.C		
(a)	2500 N OCEAN BLVD	(t	2500 N	OCEAN BLVD	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	POMPANO BEACH, FL 33062	-	РОМРА	NO BEACH, FL 33062	
	10/25/17		L170002	21658	
(a)	Date of filing/registration in Florida Voronina, Anastasiya	4.	100000	Document number	
()	Registered Agent and Registered Office shown on the records of the 3095 NE 190th Street		· 	- e: -	
	Registered Office Address (MUST BE FLORIDA STREET A. #301	<u>DDRESS</u>	2		
	AVENTURA FL	33180		2019 HAY	
(0)	CHRISTOPHER S. TROESCH				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	2500 N OCEAN BLVD			## ## ## ## ## ## ## ## ## ## ## ## ##	
	NEW Registered Office Address:			- <u> </u>	
	POMPANO BEACH .FL	33062		_	
echa ent y is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the the regis bility co the lim	stered office impany, it i lited liabilit	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in	
		CHI	RISTOPH	ER S. TROESCH	
hereb ovisio e obli meye	un of a member or authorized representative of a member ov accept the appointment as registered agent and agreous of all statutes yelative to the proper and complete pleations of my position as registered agent as provided by reflect a change in the registered office address, I have in yellow of this change.	e to act verforme for in C creby co	in this cap ance of my Chapter 605 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and acce b. F.S. Or, if this document is being file the limited liability company has been	

Signature of Registered Agent