M17000006530

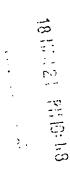
(Requestor's Name)					
(Address)					
, ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAI	T MAIL				
(Business Entit	y Name)				
(Document Number)					
Certified Copies Certif	icates of Status				
Special Instructions to Filing Office	rr.				
	 				

Office Use Only



600309050166

03/21/18 -01012--021 **25.00





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	me of the limited liability company: 17105 GULF BL	VD 2 LL	<u> </u>	
2.	(a)		(þ)	,	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ма	illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5118 N 56TH ST		PO BOX 3	11029
		TAMPA. FL 33610	_	TAMPA, FI	33680
		07/31/2017		M1700000	6530
3.		Date of filing/registration in Florida	4.	E	Oocument number
5.	(a)				
	()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
		MCINTYRE, RICHARD J			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		500 E KENNEDY BLVD SUITE 200			۵
					ਨੂੰ ਹ
		TAMPA , FL	33602	 	 , ತ
	<i>(</i> 1.)	Composition Familian Composition			· • • •
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:		ress:	. =
				 '	· _ ්
		1201 Hays Street			F. 13: 13:
		NEW Registered Office Address:			
		Tellahaassa	20204		
		Tallahassee , FL	32301		
the age wa	cha ent v s/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regisability con the limi	ered office a npany, it is h ted liability o	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			rto De Alejo,	Authorized Person	
S	ignat	ure of a member or authorized representative of a member		P	rinted or typed name of signee
pro the to t not	ovisi obli nere ified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act performa d for in C iereby co	in this capac nce of my du hapter 605, l nfirm that th	itv. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Sig	natui	E of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirby	y, Asst. Vice President