112000022573

(Requestor's Name)						
(Address)						
(Address)						
,						
(City/Chata 77 in 17th and 40						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
, ,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Openial management to 1 ming officer.						





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T. CLINE
FEB 2,8 2012
EXAMINER

2012 FEB 27 PH 18 56
SECRETARY OF STATE
FALLAHASSEE, FI ORIGA

COVER LETTER

то:		tion Section of Corporations						
SUBJECT: 918 0 Name of Limits				iddens, l		·		
		Name of 1	Jiiiiice	Liability	Company			
Dear S	Sir or Mac	lam:						
The er	nclosed R	egistered Agent/Registered (Office (Change and	fee(s) are subm	itted for fili	ing.	
Please	return al	correspondence concerning	this m	atter to the	following:			
		Brenda Henson						
		Name of Person						
		Scott L. Soelberg, P.C. Firm/Company						
		837 East 1200 South Address						
	·	Orem, Utah 84097 City/State and Zip Code						
E	-mail address	brenda@slspclaw.com :: (to be used for future annual report r	notificatio	on)				
For fu	rther info	rmation concerning this mate	ter, ple	ase call:				
	В	renda Henson	_ at (_	801)		-8494	<u> </u>	,
	1	Name of Person		Area	Code & Daytime Tel	lephone Numbe	-C 7	
,	Registrat Division Clifton E 2661 Exc Tallahas	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301 ed is a check for the following	na 2 m 4	Registra Division P.O. Bo Tallahas	NG ADDRESS: tion Section of Corporations x 6327 (see, Florida 323)	! - 14	FEB 27 PH 189 56 THE TARY OF STATE AHASSEF, FLORIDA	Land Land
			-5·		lina Foo & Cont	tified Conv		
	▼ \$25 H	Filing Fee		☐ \$33 F	ling Fee & Cert	meu Copy		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	918 Giddens, LLC				
2. (a) Principal office address of limited liability compan	iy: 7901 North Florida Avenue				
(Note: MUST BE STREET ADDRESS)	Tampa, Florida 33604				
(b) Mailing address of limited liability company:	P.O. Box 10765				
(Note: MAY BE POST OFFICE BOX)	Tampa, Florida 33679				
02/15/2012	L12000022573				
3. Date of filing/registration in Florida	Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	Wendy Hickey				
Registered Office Address:	5219 North Neptune Way Tampa, Florida 33609				
NEW Registered Agent:	Wendy Hickey				
NEW Registered Office Address:	7901 North Florida Avenue				
(MUST BE FLORIDA STREET ADDRESS)	Tampa ,FL 33604				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	riorida street address of the registered office natical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote envise provided in the articles of organization				
Wendy Hickey, Member	ROIZF SECRI				
Printed or typed name of signer I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress. I hereby confirm that the limited liability companying the state of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties. Societion as registered agent as provided for in serely reflect a change in the registered office my has been notified in writing of this change.				
Division of Corporations, P.O. Box 6	327, Taliahassee, FL 32314				

FILING FEE: \$25.00

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