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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS

MAY 15 2014

EXAMINIMER

COVER LETTER

FO: Registration Section Division of Corporations	A
3670 St Gaudens LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Tyler Greenan	
Name of Person	
3670 St Gaudens LLC	
Firm/Company	
4160 Crawford Ave	
Address	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33133	
City/State and Zip Code	
mandygreenan@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	eall:
Tyler Greenan 7	86 606-0488
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 amoun	t:
☑ \$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.

l. Na	me of the limited liability company: 3670 St Gauce	dens LL	.C	_		
2. (a)		(b)			
(=-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,		Mailing address of limit (Note: MAY BE PO	ted liability company:
	4160 Crawford Ave		416	i0 Cra	awford Ave	
	Miami, FL 33133		Mia	mi, F	L 33133	
	4/30/14		Z	_13	30000496	,52
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)						
,	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT			of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET) 13302 WINDING OAKS COURT SUITE A				-	
	TAMPA .FI	33612			-	14 HAY SECRET
					-	ATLASS
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:		_	<u> </u>
	REGISTERED AGENTS INC					PM 3: 2
	NEW Registered Office Address:				-	5F -
	3030 N. Rocky Point Drive, STE 150A				_	
	Tampa . FI	_ 33607	7			
the cha agent v was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members in the of organization or the operating agreement of the sture of a member or authorized representative of a member	ws of the fine reginability coof the limited	e State istered ompar nited I liabili ler G	officeny, it is is is is is is in the contract of the contract	e and the business s hereby confirmed y company or as o npany. an Printed or typed name	office of the registered d that the change(s) therwise provided in
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ree to ac e perforn ed for in hereby c	et in the nance Chapt confire	is cap of my er 602 n that	acity, I further ag duties, and I am fa 5, F.S. Or, if this a the limited liabilit	ree to comply with the imiliar with and accept locument is being filed y company has been
Signatu	are of Registered Agent	Dan B	Keen	_	President	