1/600024945

(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations				
•	1 21111			
SUBJECT: 1841 Bay /ar, on Blv J LLC Name of Limited Liability Company				
Name of	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
May 1 Rossia				
Manuel Barrio Name of Person				
1841 Baylar, on Blod LLC Firm/Company				
Firm/Company				
* • •				
Po Box 671 Address				
Address				
(1) 1 7/200				
City/State and Zip Code				
t				
E-mail address: (to be used for future annual r	report notification)			
For further information concerning this matter, plea	ise call:			
M 178	DV0 1-10			
Name of Person	Area Code & Daytime Telephone Number			
Name of Ferson	Area code & Daytine Telephone Punioes			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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 N 7	mo of the limited lightlifty or	41 Roula	vian Blud LCC
			V) (A) 1010 E =
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	24 S Orange Ave.		PO Box 671
	Orlando FL 32801		PO Box 671 Windernere FL3 4786
	2/5/2016 Date of filing/registration in Florida		216000024945
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Manuel Barrio		
, ,	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of St	ate:
	7208 W Sand Lake Rd.,		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Orlando ,FL	32819	
(b)	Russell W. Divine, Esq.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	
	Divine . Estes, P.A.		
	NEW Registered Office Address:		_
	24 5. Orange Ave.		
			
	Orlando ,FL	32801	
	imited liability company is not organized under the law inge or changes are made, the Florida street address of t		
igent v	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	bility company, it	is hereby confirmed that the change(s)
	cles of organization of the operating agreement of the l		
		ſγ	Printed or typed name of signee
Signa	ture of a member		Printed or typed name of signee
provisi he obl to merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I has a change in the registered office address, I has change.	ee to act in this co performance of m I for in Chapter 6 ereby confirm tho	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed ut the limited liability company has been