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Office Use Only



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ZOIT JUN 13 PH 3: WI SECRETARY OF STATE

K. SALY JUN 1 4 2017

COVER LETTER

Division of Corporations								
SUBJECT: HEAD TO TOES, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this n	natter to the following:							
Jeanne Fuentes Lopez								
Name of Person								
Fowler White Burnett, P.A.								
Firm/Company								
1395 Brickell Avenue, Suite # 1400								
Address								
Miami, Florida 33131								
City/State and Zip Code								
jfuentes-lopez@fowler-white.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, ple	ase call:							
Jeanne Fuentes Lopez	305 789-9269							
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 am	ount:							
☑ \$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.

1.	Na	me of the limited liability company: HEAD TO TO	ES, LI	LC	,				
						Tailing address of limite			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M	Tailing address of limite (Note: MAY BE POS			
		c/o 1395 Brickell Avenue, 14th Floor (JFL)	_	c/c	1395	Brickell Avenue	e, 14th	Floor	(JFL)
		Miami, Florida 33131	_	Mi	ami, Fl	lorida 33131			
		10/30/2008		L08	00010	1940			
3.		Date of filing/registration in Florida	4.]	Document number			
5. ((a)								
J. ((4)	Registered Agent and Registered Office shown on the records of the	he Florid	la Dept	. of State:				
		Corporate Management Inc							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>					
		16321 SW 78th Terrace							
		Miami , FL	33193	3			SEC	2017 JUN 13	<u></u>
							LAHASSEE.F		<u> </u>
(1	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					ASS	<u> </u>	
		Enter name of NEW Registered Agent and/or NEW Registered (Jilice ad	iaress:			33,0		1
							E.S.	PM 3: 46	
		NEW Registered Office Address:					FLORID	<u>ب</u>	
		1395 Brickell Avenue, Suite # 1400 (JFL)					OA C	9	
		Miami , FL	33131						
If the	e li	mited liability company is not organized under the law	s of the	e State	e of Flor	ida, it is hereby co	nfirmed	that af	ter
the c	hai	nge or changes are made, the Florida street address of t	he regi	sterec	d office	and the business of	ffice of	the regi	istered
agen was/	it w 'we	ill be identical. Or, in the case of a Florida limited lial re authorized by as affirmative vote of the members of	the lin	ompai nited l	ny, it is liability	company or as oth	inat the erwise i	cnange orovide	(s) d in
the a	ırtic	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I							
			Jea	anne		es Lopez			
		are of a member or authorized representative of a member				Printed or typed name of	•		
i ne. prov	reb isio	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to aci erform	t in th ance	is capac of my di	city. I further agre uties, and I am fam	e to con iliar wi	nply wi th and i	th the accept
the o	bli ere	ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this hunge.	for in (ereby c	Chapt confirm	ter 605, n that th	F.S. Or, if this doc ne limited liability o	cument compan	is being v has b	z filed een
notif	ied	in writing of this Thinge.	•	-		•			
Sign	atur	e of Registered Agent							
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							