## 1.18000043334

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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## **COVER LETTER**

CO	VER LETTER
TO: Registration Section Division of Corporations	nited Liability Company
328 MONROE LLC SUBJECT:	
	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:
JILL PROBST	
Name of Person	
NATIONAL SERVICE INFORMATION, INC	
Firm/Company	
145 BAKER ST	
Address	
MARION, OHIO 43302	
City/State and Zip Code	<del></del>
JILL@NSII.NET	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
JILL PROBST at (	0 387-6806
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 amount:	
☑ \$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.

(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  391 LAKEWOOD RANCH BLVD SUITE 100  ARASOTA, FL 34240	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
- 5	(Note: MUST BE STREET ADDRESS) 391 LAKEWOOD RANCH BLVD SUITE 100		
_		□ 5391 LAR	
<u>S</u>	ARASOTA, FL 34240		KEWOOD RANCH BLVD SUITE 100
	<del> </del>	SARASO	TA, FL, 34240
0	12/16/2018	L18000043	334
_	Date of filing/registration in Florida	4.	Document number
(a)			
(a)Re	gistered Agent and Registered Office shown on the records of	of the Florida Dept. of State	_ le:
N.	AJMY THOMPSON, P.L.		
Re	egistered Office Address (MUST BE FLORIDA STREET	TADDRESS)	<b></b>
14	401 8TH AVENUE WEST		
BI	RADENTON	34205	SE
	, .	r	-
(b)			HA
Ent	ter name of NEW Registered Agent and/or NEW Registers	ed Office address:	SS A
N.	RAI Services, Inc.		AHASSEE.
NE	EW Registered Office Address:		- 10
	200 South Pine Island Road		REF
_			-
PI	lantation #	L_33324	
_	ted liability company is not organized under the li		_

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)