## 102000023883

<u> </u>							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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## **COVER LETTER**

c.	TO: Registration Section Division of Corporations							
	1) #1# <b>&gt; #</b> F	· om	SANLER	END		,,		
	SUBJE	CT:	SADLER	Name of Lir	nited Liabilit	y Company		
	Dear Si	ir or Madam:						
	The en	closed Registered	Agent/Registered	d Office Chai	nge and fee(s	) are submitted f	for filing.	
	Please	return all correspo	ndence concerni	ng this matte	r to the follo	wing:		
		RAY	SADLER Name of Person					
	·	1	Name of Person					
		ŀ	Firm/Company					
		PO BO	x 995					
		·	Address					1
		SHELB	State and Zip Co	1 05	482			ż
		RFS 32						.* .
	Е	-mail address: (to	be used for future	e annual repo	ort notificatio	n)		
	For fur	ther information e	oncerning this ma	atter, please o	call:			
		RAY SA	OCER	at (_		578-		
		Name of	Person		Are	a Code & Dayti	me Telephone	Number
		STREET/COUR		<b>5:</b>		NG ADDRESS:		
		Registration Sect Division of Corpo				tion Section of Corporations		
		Clifton Building	acrosso		P.O. Box		•	
		2661 Executive C Tallahassee, Flor				see, Florida 323	14	
		Enclosed is a cho	eck for the follo	wing amoun	t:			
		5) \$25 Filing Fee			□ \$55 Fil	ing Fee & Certif	ied 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. Nai	ne of the limited liability company:	R FA	RMS,	116			_
2. (a) _	3782 EL PLASO BOUD Principal office address of limited liability company:	_ (b) _	•	Box 9		'ompany'	_
	(Note: MUST BE STREET ADDRESS)		-	e: MAY BE POST	-		
	MIANI, FL 33133		SHEL	BURNE,	1	asy	_ B1
	9/13/2002		20;	20000	23	883	<b>,</b>
3.	Date of filing/registration in Florida	4.	Docu	iment number			
5. (a)	JAMES T SADLER						
	Registered Agent and Registered Office shown on the records of the		pt, of State:				
	Registered Office Address (MUST BE FLORIDA STREET AF					23	
	Registered White Address   MOST BE FLORIDA STREET AD	DIRESSI				43S #162	
			-2		1_	<u> </u>	
		331	<u>33</u>			$\overline{\infty}$	
(b) _	JAMES T SASLED					ń.	,
	Enter name of NEW Registered Agent and/or NEW Registered O	Office addres	<u>s</u> :		مر ا	Ö,	,
					r	$\frac{\omega}{\omega}$	
	2831 S. BAYSHOVE NEW Registered Office Address:	OK					
	# 1805						
	7004		<del></del>				
	MIAMI FL	33/	33				
If the lir	nited liability company is not organized under the laws	of the Sta	te of Florida,	it is hereby con	firmed t	hat after	
the chan	ige or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab	he register pility comp	ed office and any, it is here	the business off by confirmed th	ice of that the c	ie registero hange(s)	ed .
was/wer	re authorized by an affirmative vote of the members of les of organization as the operating agreement of the li	the limited	l liability com	pany or as other	wise pr	ovided in	
the artic	operating agreement of the fi	mined nav					
Signatu	ire of a member or authorized representative of a member	-	Printe	SADLEA ed or typed name of	signee	<del>-</del>	_
l hereb provisio the oblig	y accept the appointment as registered agent and agree 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 he	e to act in erformanc for in Cha	this capacity. e of my duties pter 605, F.S.	l further agree , and I am famil Or, if this doci	to comp iar with iment is	ply with the and acce being file	e pi ed
notified	in writing of this change.	гену сопр	rm mai inc iii	теа натипу со	mpany	nas oven	

Signature of Registered agent