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(Re	questor's Name)							
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(City/State/Zip/Phone #)								
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S Warren

DEC 23 2016

COVER LETTER

TO: Registration Section Division of Corporations										
SUBJECT: Cose Speech AND 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 matter to the following:										
STHAN WAT Name of Person										
Gills WAT & Camp Firm/Company	phell									
1020 8. Cafagette Address	- Street Site 1/2									
bellahouse FL 32:	30(
City/State and Zip Code										
E-mail address: (to be used for future annual	-									
For further information concerning this matter, pl										
Ethan Way	at (
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 Tallahassec, Florida 32314									
Enclosed is a check for the following an	mount:									
■ \$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. N	ame of the limited liability company:	SPEEC	ч ,	2~2	A	CADEMIL	(E~16	a, L	بد
2. (a)	1268-B Timberlane Road		(b) 1268-B Timberlane Road						
2. (u)	Principal office address of limited liability compation (Nate: MUST BE STREET ADDRESS)	ny:		~/ —		-	ess of limited li Y BE POST O	-	
	Tallahassee, FL 32312		•	<u></u>	allaha	ssee, FL 3	32312	,	
	11/27/2002			LO	20000	32046			
3.	Date of filing/registration in Florida		4.	***************************************		Document	number		
5. (a)	John S. Rose								
J. (=)	Registered Agent and Registered Office shown on the receipt 1268-B Timberlane Road Registered Office Address (MUST BE FLORIDA ST.)				pt. of Stat	 ke: _		201	
	Tallahassee	, FL_3	2312			_	REA	왕 (2) (3)	77
a.	Ethan Andrew Way, B.C.S.						- A.	べ	m
(b)	Enter name of NEW Registered Agent and/or NEW Reg	stered Of	Tice ad	dres	S :	-	FS	ס	
	Gillis Way & Campbell					_	TATE ORID	9 0 €	
	NEW Registered Office Address:					-	>>		
	1020 E. LaFayette Street, Suite 112					-			
	Tallahassee	_, _{FL_} 3	2301			_			
Signa I here proviss the oblion merinatified	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limitere authorized by apaffirmative vote of the membels of organization or the operating agreement of the properties of a member by accept the appointment as registered agent are one of all statutes relative to the proper and comigations of my position as registered agent as prely reflect a change in the registered office address of Registered Agent	ess of the liabilities of the line	e regility control line line line line line line line lin	stere omp lited liabi	ed office any, it is liability lity con S. Ros	e and the bus hereby con y company npany. Be Printed or ty acity. I furnish	usiness offic nfirmed that or as otherw ped name of si	e of the the charies provide p	registered inge(s) vided in
	Division of Corporations • 1				allahas	see, FL 32	314		
	FILIT	NG FEE	: \$25.	.00					