L03000000810

(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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COVER LETTER

TO: Registration Section Division of Corporations	• •
SUBJECT: Itarisia Property Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Carl A. Flick Name of Person	
Trustce for Member Firm/Company	
P.O. Bo × 432 Address	
West Palm Beach, FL 33402 City/State and Zip Code	
Synergia Chellsouth. net E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Carl A. Flick at (S	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.

1 TOTTALL		•	^)	
I. Nai	me of the limited liability company: _	<u>Harisia</u>	Pro Per	ty Limited	Liability Compan
2. (a) _			(b)		
(/ -	Principal office address of limited liab		- (0)	_	mited liability company:
	(Note: MUST BE STREET AD				<u>POST OFFICE BOX</u>)
	2432 Edgewater i)rive		P.O. Box 4	32
	west Palm Beach F	1 33406	<u> </u>	vest Palm Bea	ch, FL 33402
	118/2003			L03000000	870
3.	Date of filing/registration in l	Florida	4.	Document numb	per
5. (a)	Currently on file				
	Registered Agent and Registered Office showr	on the records of the	Florida Dept. o	of State:	
	Charles Musarove				
	Registered Office Address (MUST BE FL	ORIDA STREET AL	DRESS)		
	2328 S. Congress	Avenue. S	uite ID		į
	1				- C 2
	West Palm Beach	, FL	33401	<u>, </u>	2015
.1.5	New				量 岩田
(b) _	Enter name of NEW Registered Agent and/or	NEW Registered O	ffice address:		22 22
			<u> </u>		2 G
	Charles musgrove				
	NEW Registered Office Address:	-			8
	2432 Edgewater	Drive			
	West Palm Beach	, FL	33406		
f the lir	mited liability company is not organize	ed under the laws	of the State	of Florida, it is hereby	confirmed that after
the char	nge or changes are made, the Florida s ill be identical. Or, in the case of a Fl	treet address of th	e registered	office and the business	s office of the registered
was/wei	re authorized by an affirmative vote of	f the members of t	the limited lia	ability company or as o	otherwise provided in
he artic	eles of organization or the operating ag	greement of the lit			
Cionati	ire of a member or authorized representative of	C	<u>Carl</u>	A. Flick Printed or typed nar	
provisió he oblig o merel	y accept the appointment as registered ons of all statutes relative to the prope gations of my position as registered as by reflect a change in the registered of in writing of this change.	l agent and agree r and complete pe zent as provided f fice address, I he	e to act in this erformance o for in Chapte reby confirm	s capacity. I further as f my duties, and I am f r 605, F.S. Or, if this that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
	Charles W Musquet				
Signature	e of Registered Agent				