L04000004911

(Re	equestor's Name)	•			
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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1008 SEP 25 P 12:
SECRETARY OF STA

T. HAMPTON
SEP 2 6 2008
EXAMINER

COVER LETTER

_	ration Section on of Corporatio	ns		,	
SUBJECT:	CHANGING	REGISTERED	AGENT -	17 FLORIDA	LLC's
_		(Name of I	Limited Liability C	Company)	
Dear Sir or M	adam:		'		٠.
The enclosed	Registered Ager	ıt/Registered Offi	ce Change and fee	e(s) are submitted fo	or filing.
Please return	all corresponden	ce concerning thi	s matter to the foll	lowing:	
Di	aniel Ko	75 Kel Person)		• •	
7200 i	(Firm/Cor) Red, Sur	te 302		
Bou	Rato, (City/State and	33/33 1 Zip Code)	·		
_		ming this matter,		20.26/5	
4)Qnie	(Name of Perso		(Area Code &	3 4-26/0 Daytime Telephone	e Number)
Registr Divisio Clifton 2661 E	etr/courier a ation Section on of Corporations Building xecutive Center C assee, Florida 323	ircle	Registration Division of P.O. Box 63	Corporations	
Enclos	sed is a check fo	or the following a	amount:		
X \$25 X NHS18 (5/08)	Filing Fee (7 \$ 425.00		\$55 Filing	g Fee & Certified C	ору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

III a /	. / -
1. Name of the limited liability company:	xo/Jog,uc
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 7200 W. (OMINO Regl Suite 302 Boco Baton FL 33833
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
3. Date of filing/registration in Florida	L040000149// 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Daviel A. Kukel, P.A.
Registered Office Address:	TLOG CV. (gining Red, Suite 33) Bills Roton, PL 33433
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Kods: Law Fish P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W Cypiess Creek Road Soute 303 Fort Contestate FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position f.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifications.	case of a Florida limited diability company, it is by an affirmative voted the members of the limited of organization or the presenting agreement of the
F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notifi	a change in the registered office address, I hereby led in writing of this change.

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

(Signature of Registered Agent)