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FEB 27 2013 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FINER OF Limite	d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Office	Change and fec(s) are submitted for filin	ıg.
Please return all correspondence concerning this m	atter to the following:	
FILC COCULIN Name of Person		
Firm/Company		
2170 MAIN STREET STE	=. 40l	2013 F
SARIASOTA STEL 39237 City/State and Zip Code		FEB 26 PH 12
E-mail address: (to be used for future altrust) report notification	on)	#112: 31
For further information concerning this matter, plea	asc call:	
Knistina Coopy by ote at (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 amo	ount:	
1 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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.

- G	
1. Name of the limited liability company:	FINEROY, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	2170 MAIN STREET STE 401 SACHSSTA, PL 34737
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	21 to HAM STREET STEE GOT SARASSITH RC 39737
10/04/204	LO4000071548
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	HOMD WACHER B
Registered Office Address:	SACASONA, TO 3236
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	س جارت
NEW Registered Agent:	THEROY FLOCISING US
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	21 TO HAIN STREET STEELOT SARASOTA ,FL 39237
If the limited liability company is not organized under the longitude that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office ical. Or in the case of a Florida limited
Signature of a member or authorized representative of a member	
Ent Collin	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prough I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered Agent	

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