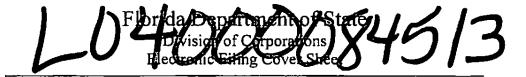
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(((H17000304041 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2669

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents & incorp. Com

LLC REGISTERED AGENT CHANGE FLORIDA POSTAL HOLDINGS, LLC

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## H170003040413

## **COVER LETTER**

	ation Section n of Corporations			
SUBJECT:	F	lorida F	ostal F	-doldings,-i_LC
	Na	me of L	imited l	Liability Company
Dear Sir or Mad	lam:			
The enclosed Re	egistered Agent/Registered Of	fice Ch	ange an	d fee(s) are submitted for filing.
	correspondence concerning the			
	Tana Vaughn			
	Name of Person	<u> </u>		<del></del>
	InCorp Services, Inc.			
	Firm/Company			<del>-</del>
3773	loward Hughes Pkwy. · Sul	lte 500:	S	
	Address	,		_
	Las Vegas, NV 89169-601	4		
	City/State and Zip Code			ag ta
	documents@incorp.com			
E-mail addr	ess: (to be used for future ann	ual repo	ort notif	ication)
or further inform	nation concerning this matter,	plcase o	call:	
Tana Vaughn		at (	702	√ 868-2500
N	ame of Person	a		Area Crde & Daytime Telephone Number
CTDPPT	COMPINE ADDRESS			
	COURIER ADDRESS:		MLA	ILING ADDRESS:
	of Corporations	Registration Section		
Clifton B	vilding	Division of Corporations		
2661 Exe	cutive Center Circle	P.O. Box 6327		
Tallahaas	e, Florida 32301		T ALL	ahassee, Florida 32314
Enclosed	is a check for the following s	amount	;	
Ø \$25 Fil				5 Filing Fee & Certified Copy
THS18 (2/14)				

## הו וטטט שטאטאן א

## 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 State

1. N	ame of the limited liability company: Florida Po	ostal Holdi	ngs, LLC			
2. (a)			(b) C/O Nationwide Postal Mgmt			_
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	(0)	Mailing address of limited (Note: MAY BE POST	liability company:	_
	123 GROVE AVENUE Ste 222		123 GR	OVE AVENUE Ste 2		
	CEDARHURST, NY 11516,			HURST, NY 11516,		-
	11/19/2004		L040000	845 <del>1</del> 3	-	_
3.	Date of filing/registration in Florida	4,		Document number		_
5. (a)	<del></del>					
	Registered Agent and Registered Office shown on the record	ds of the Flori	da Lept of Sta	<del></del> te:	1.2 5.	
	9999 Collins Ave - #20K					29
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	201	<del>-</del>	AT NOV 17	1
					سد دم	
	Harbor	ri :	33154	_	7	
		, 1 11	1/4	-	PH 12: 48	Ţ
\- <i>/</i> -	inCorp Services, Inc.		3		13	-
	Enter name of NEW Resistered Agent and/or NEW Regista	ered Office at	ldress:	•	. 4	
	17888 67th Court North				***	
	NEW Registered Office Address:					
	Loxahatchee, FL 33470					
	Loxahatchee	FL 3	3470	•		
agent wi was/were the articl	nited liability company is not organized under the ge or changes are made, the Florida street address il be identical. Or higher case of a Florida limited a authorized by an affirmative vote of the member es of organization or the operating agreement of the second companization of the operating agreement of the second case of organization or the operating agreement of t	laws of the of the regist liability cors of the limited l	State of Flo etered office company, it is	and the business office hereby confirmed that company or as otherwipsny.	of the registered	
Signatur	e of a member or authorized representative of a member			Deserted as the set	nee	
_> XX	accept the appointment as registered agent and a is of all statutes relative to the proper and completations of my position as registered agent as provide reflect a change in the registered office address, in writing of his change.  Tana Vaughn on behalf of Registered Agent		in this capac ince of my di hapter 605, nfirm that th	city. I further agree to a uties, and I am familiar F.S. Or, if this docume e limited liability comp	comply with the with and accept nt is being filed any has been	
			••			

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

INHS18 (2/14)