L05000065245

(Re	equestor's Name)
11.0	
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(0)	
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	:
· .	Office Use Only
	Office Use Only



500266181455

11/20/14--01027--025 **25.00

LLC RACH 12/8/14

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

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1. Name of the limited lia	bility company: _	1 Win	<u>Ut</u>	des,	776	
	address of limited liabi	lity company:	X (b)		of limited liability company: BE POST OFFICE BOX)	
wit	1001					
Coral	Gash	ex FL3	3153			
	6/30	12005	- L	05.00c	065245	
3. Date of filing	ng/registration in I	Flbrida	4.	Document no	umber	
5. (a) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	free ?	per st	ein			
Registered Agent and Re	· ~ ~		Florida Dept. of Sta	ate:		
100 /	V. Bis 0	'ayne k	olva	_ _		
Registered Office Addre	ss (MUST BE FL	ORIDA STREET ADD	RESS)			
	Sout	e 1607			Rs 😝	;
M	Samo	, FL	33133	2_	NOV Th	
(b) @V	ina M	loore	. , ,		¥ 20 E	
Enter name of <u>NEW Re</u>	gistered Agent and/or	NEW Registered Off	ice augress:	_	三 圣 〇	
1362	<u> </u>	ering-	Bay	DP >	4 : 37	
NEW Registered Office	4	7	1	,	~	
limit	1901			- -		
Colal.	Gasle	, FL_	331			
If the limited liability comp the change or changes are n agent will be identical. Or, was/were authorized by an the articles of organization.	nade, the Florida s in the case of a Fl affirmative vote of	treet address of the orida limited liabil f the members of the	registered offi ity company, it ie limited liabil	ice and the bus: t is hereby cont lity company o:	iness office of the registe: firmed that the change(s)	
	\ //		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \)auliua	KLOOP-	و
Signature of a member of author	rized representative o	f a member	, ·	Printed or type	ed name of signee	
I hereby accept the appoin provisions of all statutes re the obligations of my positi to merely reflect a change i notified in writing of this cl	lative to the prope on as registered a n the registered of	d agent and agree ir and complete per gent as provided fo fice address, I her	to act in this co formance of m or in Chapter 6 eby confirm the	apacity. I furth by duties, and I 05, F.S. Or, if at the limited li	ner agree to comply with to am familiar with and accument is being fit ability company has been ability company has been	he ept ed
Signature of Registered Agent						

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

INHS18 (2/14)