Note: Please print this page and use it as a cover sheet. Typeshe fax audi number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

<u>ر</u>۔۔ LLC REGISTERED AGENT CHANGE á٠ **BOSTON IRISH, LLC** := Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$25.00

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Help

COVER LETTER

TO: Registration Section		.*
Division of Corporations		
BOSTON IRISH, LLC SUBJECT:		
	ime of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to th	ne following:
JEROME SULLIVAN		
Name of Person		·
Fi 1/2	 	
Firm/Company		
784 S CLEARWATER LOOP		
Address		
POST FALLS, ID 83854		
City/State and Zip Code		
filings@registeredagentsinc.com		
E-mail address: (to be used for future an	nual report not	lification)
For further information concerning this matter	r, please call:	
Jerome Sullivan	509 at (768-2249
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:	
□ \$25 Filing Fee	ū	\$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. N	ame of the limited liability company: BOSTON IRIS	SH, LLC					
2. (a)	2910 OXFORD ST	(b)	(b) 2910 OXFORD ST				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("/		Mailing address of limit (Note: MAY BE POS			•
	ORLANDO, FL 32803	 -	ORL.	ANDO, FL 32803	· · · · · ·		•
					<u> </u>	· · ·	
	09/19/2005		L050000	9270			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	WILLIAM D POST						
, ,	Registered Agent and Registered Office shown on the records of the	he Florida D	Dept. of State	- ! ;			
	2910 OXFORD ST						
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		•			
				Ti		20	
	ORLANDO FL	32803				2023 EE3	
(b)	REGISTERED AGENTS INC					7 7	
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	•		75- 71	C
	7901 4TH ST N				<u></u>	4H 19: 48	
	NEW Registered Office Address:	-		•	• .	ಜ	
	ST. PETERSBURG , FL	33702					
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabers.	registered bility com f the limite	office and pany, it is ed liability	I the business office hereby confirmed to company or as oth	of the	e registe e change	red e(s)
	ture of a member or authorized representative of a member	F	rances E	Post / Manager	<u>r</u>		
Signa	ture of a member or authorized representative of a member			Printed or typed name	ofsigne	ee	
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	re to act in performant for in Che ereby conf	this capa ce of my a apter 605, firm that t	city. I further agre luties, and I am fam F.S. Or, if this doo he limited liability o	e to co iliar w cumen compa	omply wi with and t is being ny has b	ith the accept g filed been

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

David Roberts/Assistant Secretary
Signature of Registered Agent