## L06000092342

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:  Authorized By  Bill Paul  Acct 110727003105					



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2024 DEC 19 (1.4)

Office Use Only

DEC 19 = S. PRATHER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CIDICT.	S	MP59, LL	.C				
SUBJECT:	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent	/Registered Office C	hange ar	ıd fe	e(s) are submitted for filing.			
Please return all correspondenc	e concerning this ma	itter to th	e fol	lowing:			
WILLL	AM R. PAUL						
Name	of Person		· ·				
MECHANIK NUCCI	O HEARNE & WESTI	ER, P.A.					
Firm/C	Company			•			
305 SOUTH	I BOULEVARD						
Add	ress	··· <u> </u>		•			
TAMPA, F	LORIDA 33606						
City/State	and Zip Code			-			
WRP@FLORID	ALANDLAW.COM						
E-mail address: (to be use	ed for future annual r	eport no	tifica	ition)			
For further information concern	ning this matter, plea	ise call:					
WILLIAM R. PA		8: t (	13	240-8099			
Name of Perso	n		-	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions			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	or the following am	ount:					
■ \$25 Filing Fee			<b>\$</b> 55	Filing Fee & Certified Copy			
DIME18 (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.	Na	me of the limited liability company:	, LLC	
2	(a) .	SUITE 3170	(b)_	SUITE 3170
	(4)	Principal office address of limited liability company:	(*).	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		ONOS: MAY BE POST OFFICE BOX
		101 E. KENNEDY BOULEVARD		101 E. KENNEDY BOULEVARD
		TAMPA, FLORIDA 33602		TAMPA, FLORIDA 33602
		SEPTEMBER 20, 2006		L06000092342
3.		Date of filing/registration in Florida	4.	Document number
,	<b>(.)</b>	AGENTS AND CORPORATIONS, INC.		
<i>J</i> .	(a)	Registered Agent and Registered Office shown on the records of the SUITE 330	he Plorida C	Dopt. of State:
		Registered Office Address	<u>DDRESS)</u>	2
		NAPLES FL.	34102	<u> </u>
	(ъ)	STEPHAN M. PETITI		
	(0)	Enter name of NEW Resistered Agent and/or NEW Resistered	Office add	dest:
		SULTE 3170		
		NEW Registered Office Address:		
		101 E. KENNEDY BOULEVARD		·
		TAMPA FL	33602	2
ch ag wi	ange ent v	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered bility con of the limit	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
_		Stock Met Rl.		STEPHAN M. PEFTIT
	-	ture of a member or anthonized representative of a member		Printed or typed name of signor
I proto	here ovis e obi mer ntifie	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act i performa d for in Ci hereby con	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
-5	gnati	TO OF Registered Agent		