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COVER LETTER

TO:	Registration Section Division of Corporations	•	•		
SURJ	METRICBOLT.COM, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The ea	nclosed Registered Agent/Registered Office	Change an	d fee(s) are submitted for filing.		
Please	e return all correspondence concerning this r	natter to the	e following:		
Craig	I. Kelley				
	Name of Person				
Kelley	, Fulton & Kaplan, P.L.				
	Firm/Company				
1665 I	Palm Beach Lakes Blvd, Ste 1000				
	Address				
West I	Palm Beach, FL 33401				
	City/State and Zip Code				
craig@	akelleylawoffice.com				
	E-mail address: (to be used for future annua	I report not	ification)		
For fu	urther information concerning this matter, pl	ease call:			
Craig	I. Kelley	561 at (4911200		
	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 following as	mount:			
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy		
INHS	18 (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: METRICBOLT.	COM, LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	02/27/2017 Date of filing/registration in Florida BLAKE MARCISZEWSKI		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 3677 23rd Ave S Registered Office Address MUST BE FLORIDA STREET	t. of State:			
	West Palm Beach , F	.L_33461			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 1665 Palm Beach Lakes Blvd NEW Registered Office Address:				
	Ste 1000 West Palm Beach	33401			
chang agent was/w the art	timited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered of liability compa nof the limited	ffice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
I here provis the ob to mei notifie	ature of a member of authorized representative of a member selby accept the appointment as registered agent and assions of all statutes relative to the proper and complet oligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to act in t e performance led for in Chap I hereby confir			