## L080000 58706

(Requestor's Name)						
(Address)						
(Address)						
. (C	ity/State/Zip/Phone	÷#)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						





000286363630

06/01/16--01008--010 \*\*25.00



## COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	Cheaptronics Depot LLC					
SUBJECT	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Offi	ice Change and fe	ee(s) are submitted for filing.			
Please return	n all correspondence concerning the	is matter to the fo	llowing:			
Gregory F	aris					
	Name of Person		-			
Cheaptror	nics Depot LLC					
,	Firm/Company		-			
16877 E (	Colonial Dr #130					
	Address		-			
Orlando F	L 32820					
	City/State and Zip Code		-			
gfaris@ch	neaptronics.net					
E-mail	address: (to be used for future ann	ual report notific	ation)			
For further i	nformation concerning this matter,	please call:				
Gregory F	aris	321	960-5226			
	Name of Person	_ u (	Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building I Executive Center Circle ahassee, Florida 32301	Regi Divi: P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	; amount:				
☑ \$	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			
INHS18 (2/14	4)					

## 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: Cheaptronics	Depot	LLC	
			o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	16877 E Colonial Dr #130		16877 E	Colonial Dr #130
	Orlando FL 32820		Orlando	FL 32820
	06/12/2008		L080000	58306
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
, ,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	e:
	Faris, Gregory			_
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	<u>5)</u>	-
	7363 W. COLONIAL DRIVE			_
	ORLANDO , FL	32818		_
				Fig. 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	aress:	
	Faris, Gregory			53.2 <u> </u>
	NEW Registered Office Address:			
	16877 E Colonial Dr #130			
	Orlando , FL	32820		_**
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the regi ability co	e State of Fl stered offic ompany, it inited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	I rend Jan	Gre	egory Fari	
	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agricons 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 din writing of this change.	ree to ac perform d for in hereby c	t in this cap vance of my Chapter 60: onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	I My Jan			