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(Re	equestor's Name)				
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DIVISION OF CORPORATION

B FIGUEROA MAR 23 2018 COVER LETTER

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Paul Revier					
Name of Person Name of Person					
Firm/Company					
217 E Halandale Brack Blue					
Address					
Calandale FC 33008					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Paul ((ieseer at (754) 202-0882					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy					

STATEMENT OF GHANGE 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. 1	Name of the limited liability company:	, (10		
	217 E Hallandale Brad Blob	_ (b)	80	POOK 190	
	Principal office address of limited liability company:		1	Mailing address of limited	
	(Note: MUST BE STREET ADDRESS)		11 01	(Note: MAY BE POST	DFFICE BUX
	3605E 14 sloscoslock	-	Kok	sadder, the	22000
		_			
			ı .	_	_
_	12/28/2008	_	<u></u>	8000 11243	<u> </u>
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	, ————————————————————————————————————			-	
•	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Stat	e:	
				_	
•	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			
	217 E della sale Dear	16/	125		m
	Lalasale, FL	330	109	_	18 SKAN
				_	CRETARY HAR 22
(b	· ————————————————————————————————————			_	22 SE
	Enter name of NEW Registered Agent and/or NEW Registered O	office add	ress:		ا منها
	212 E 11 Mar 1 Da R. O	(ZI			PH 12: P
	NEW Registered Office Address:	<u> </u>	<u></u>	-	
				_	
	Hallandale FL	33	DOG		
				-	~
the cl	 limited liability company is not organized under the laws hange or changes are made, the Florida street address of the 	he regist	tered office	e and the business offi	ce of the registered
agent	will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of	ility con	npany, it i	s hereby confirmed the	at the change(s)
	rticles of organization or the operating agreement of the li				wise provided in
	fat fremen		aul_	Vienes	
_	fature of a member or authorized representative of a member	·· - -		Printed or typed name of	S
I her	eby accept the appointment as registered agent and agree isions of all statutes relative to the proper and complete p	e to act erformo	in this cap	acity. I further agree duties, and I am famil	to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in Writing of this change.

Signature of Registered Agent