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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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2015 OCT 29 A 9: 51 SECRETARY OF STATE

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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporation	ons				
SUBJECT:	BJECT:Name of Limited Liability Company				
Dear Sir or Madam:	·				
The enclosed Registered Ager	nt/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all corresponden	nce concerning this matter	to the following:			
Nina	Niemann	,			
	e of Person				
NIN					
Firm/	Company				
PO BOX	(14359				
Add	lress	·····	2015 SEC TALL		
Bradenho	n, \$L-342	80	2015 OCT 29 SECRETARY ALLAHASSE		
City/State	e and Zip Code		ш ^С <u></u>		
Niña 🙉 i	ninallo com.		A 9:51 OF STATE OF LORIDA		
E-mail address: (to be us	sed for future annual repor	t notification)	RAC : 5		
For further information concer	ming this matter, please ca	all:	بالتاريخ		
		,			
Name of Person	at (on	Area Code & Daytime Telep	hone Number		
STREET/COURIER	ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporation					
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 3		Tallahassee, Florida 32314			
Enclosed is a check f	or the following amount	:			
\$25 Filing Fee		□ \$55 Filing Fee & Certified Copy			

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 10/14				
1. Na	ame of the limited liability company: 115 75th Stratet West #	JA, LUC		
2. (a)	115 75th Street West #	14356		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	Mailing address of limited liab (Note: MAY BE POST OF	• • •
	Bradenton FL 34280		(INDEX TOUR DE L'OBT DE	<u> </u>
	750 1000	<u> </u>		
	01-06-2009.	1	0900000 1254	1
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Nina W. Niemann			
	Registered Agent and Registered Office shown on the records of t	, ,	State: -	la:
	435 12th Street Wast. ste,		201 SE TALI	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	2015 OCT 29 SECRETARY ALLAHASSE	77
			TAR ASS	Prime.
	Bradenton, FL	34250	m	m
4.			A & FIGH	D
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
			•	
	NEW Date of OKT AND			
	NEW Registered Office Address:	1.) _ 1	# 14359	
	115 F5 1 3116K)	West	<u>#</u> 19589	
	Bradenton, FL	34280	<u>)</u>	
If the 1	imited liability company is not organized under the law	s of the State of	Florida, it is hereby confirm	med that after
the cha	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	the registered of bility company.	fice and the business office it is hereby confirmed that	of the registered the change(s)
was/w	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the limited liab	ility company or as otherwi	ise provided in
the art	oles of organization of the operating agreement of the	•	lina Niemann	
Signa	ture of a member or authorized representative of a member		Printed or typed name of sig	nce
I here. provisi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t	ee to act in this co	capacity. I further agree to ny duties, and I am familiai	comply with the with and accept
the obl	ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided ely reflect a change in the registered office address, I h	l főr in Chapter (ereby confirm th	605, F.S. Or, if this docume at the limited liability comp	ent is being filed pany has been
noujie	d'in writing of this change.	•		

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

Signature of Registered Agent