## L09 0000 325 43

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	_ ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Top Cat Holdings Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	
Please return an correspondence concerning this matter	to the tollowing.
Lori Wiederstein Name of Person	
Name of Person	
Firm/Company	<del></del> ~
886 Chilare Die	
885 Chalmers Drive	
V . Cl 211202	
Venice FL. 34293  City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	
Lori Wiederstein all	770 ) 235 - S997  Area Code & Daytime Telephone Number
Name of Person	
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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. Name of the limited liability company:	npany:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida		-09000032543
3. Date of filing/registration in Florida	i 4.	Document number
5. (a) NRAI Survices Inc.		
Registered Agent and Registered Office shown on the	records of the Florida Dept	, of State:
1200 South Pine Islan		
Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	
Plantation	FL 33324	- :2
		,
(b) Lori Wiederstein		· ·
Enter name of NEW Registered Agent and/or NEW	Registered Office address	<i>!</i> .
885 Chalmers Drive	د	· .
NEW Registered Office Address:	<u>.                                    </u>	
<del></del>		<u></u>
		-
Venice	, FL_ 34293	3
If the limited liability company is not organized und change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the rather the articles of organization or the operating agreem.  Signature of almember or authorized representative of a mer.  I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and	limited liability compa nembers of the limited tent of the limited liabil	hiny, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  Corbin  Frinted or typed name of signee
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and the obligations of my position as registered agent a to merely reflect a change in the registered office a notified in wrying of this change.	is provided for in Chap iddress, I hereby confir	m that the limited liability company has been