L09000046001

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

Office Use Only



300261298713

06/24/14--01009--006 **110.00

O Nawle Williams

1/10/14

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.	Na	me of the limited liability company: STROSS MANA	٩GE	M	ENT, LLC				
2.	(a)	421 SNELL ISLE BLVD NE	ſ	b)	421 SNE	ELL ISLE BLV	D NE		
	(7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-, -	M	failing address of lin			-
		ST PETERSBURG, FL 33704		-	ST PETE	ERSBURG, FL	33704		
		05/12/2009		L	0900004	6001			
3.			4.			Document numb	er 		
5.	(a)	JOHN E. STROSS				Te Se	15 Miles	2014	
		Registered Agent and Registered Office shown on the records of the 421 SNELL ISLE BLVD NE				:			<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET ADD					esse.	12	FILED
		ST PETERSBURG, FL 33704					'nς	2	
							- LOKIO	= =	
		LEONARD S. ENGLANDER					D	rt 🕠	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Off	fice 84	ddr	P86.				
		Shot hallo of Press Press Press and of Press Pre	nec av	<u> </u>	. <u></u>				
		721 FIRST AVENUE NORTH							
		NEW Registered Office Address:							
		ST PETERSBURG , FL 33	3701	1					
the ag wa the	e cha ent w s/we arti	mited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liability.	e reg lity c he lir	iste om	red office pany, it is d liability bility com	and the business hereby confirmed company or as opany.	s office of ed that the otherwise	f the reg e change provide	istered (s)
		ye of a member or authorized representative of a member				Printed or typed nar	•		
pr the to	oviși e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for reflect a change in the registered office address, I her thin writing of this change.	to ac rform or in eby c	et in nan Ch con	n this capa ice of my a apter 605, firm that t	ncity. I further as luties, and I am f F.S. Or, if this he limited liabili	gree to co amiliar w document ty compa	omply w with and t is bein ny has b	ith the accept g filed seen
Si	enativ	e of Registered Agent							
		Division of Corporations P.O. Box	x 632	:7●	Tallahass	see, FL 32314			

FILING FEE: \$25.00