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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A Sapience LLC	Limited Liability Company		
Name of t	Silined Eldomy Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Richard J O'Hare			
Name of Person			
Richard J_O'Hare PA Firm/Company			
1550 Madruga Ave Ste 120 Address			
Coral Gables, FL 33146			
City/State and Zip Code			
richardjohare@rjoharelaw.com			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, please	se call:		
Richard J_0'Hare at Name of Person	(_305) _661-4600 Ext_105 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amo	ount:		
\$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.

l.	Na	me of the limited liability company: A Sapience	LLC		
2.	(a)	6097 Petaluma Drive	_ (b)	6097	Petaluma Drive
		Principal office address of limited liability company:			Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		Boca Raton, FL 33433	_	Boca	Raton, FL 33433
		May 23, 2016	_	1.0900	00085581
3.		Date of filing/registration in Florida	4.	<u> </u>	Document number
٥.		Date of thing/registration in Florida	٦.		Bottinent nameer
5.	(a)	Richard J. O'Hare PA			
		Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of S	State:
		1550 Madrupa Avarua			
(b)		1550 Madruga Avenue Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS		
		registered contect thanks and the state of t	, , , , , , , , , , , , , , , , , , ,		2018 OCT 19 SEGNETATION
		Suite 120			5 0 1
		Coral Gables , FL	22176		_ Spr 3 M
		Coral Gables, PL	77.140		FSTATE FL
	, ,	Nestor Luis Zelico. Enter name of NEW Registered Agent and/or NEW Registered 6 6097 Petaluma Drive	Office add	ress:	
		NEW Registered Office Address:			
		Boca Raton ,FL	33433		
		boga Raton	33433		·
the ag- wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the limi limited li	tered of mpany, ted liab ability	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
_	Sian-	ture of a member of athlorized representative of a member	Nes	tor L	uis Zelico Printed or typed name of signee
	_	•			•
prothe to	here ovisi e obi mer tifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C ereby co	in this once of hapter hapter infirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
no	,	1/100/			

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