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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer					
Special Instructions to Filing Officer:						

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## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	A-Team Trappers, LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.			
Please	e return all correspondence concerning th	is matter to th	e following:			
Chris	stopher Cole					
	Name of Person		<del></del>			
A-Te	am Trappers, LLC					
	Firm/Company		<del></del>			
1110	Pinellas Bayway S. Unit #100					
	Address					
Tierr	a Verde, FL 33715					
	City/State and Zip Code					
atea	mtrappers@gmail.com					
ı	E-mail address: (to be used for future ann	ual report no	tification)			
For fu	rther information concerning this matter	please call:				
Chris	stopher Cole	727 at (	420-7975			
	Name of Person	(	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	} [ F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	<b>☑</b> \$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. N	ame of the limited liability company: A-Team Tra	appers, L	.LC	
			b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	M	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1110 Pinellas Bayway S. Unit #100		1110 Pin	ellas Bayway S. Unit #100
	Tierra Verde, FL 33715		Tierra Ve	erde, FL 33715
	05/21/2010		L1000005	5571
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
()	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:	
	Christopher Cole			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u>S)</u>	
	1120 Pinellas Bayway S. Unit #214			_ <b>_</b> :
	Tierra Verde	<sub>FL</sub> 33715	j	<b>6</b> 1,,
	,	r.L		0CT - 1000
(b)	Enter name of NEW Registered Agent and/or NEW Register			ن الله الله الله الله الله الله الله الل
	Enter name of NEW Registered Agent and/or NEW Register	red Office at	<u>ldress</u> :	
	NEW Registered Office Address:			<b>Ö</b> 🥳
	1110 Pinellas Bayway S. Unit #100			
	The timenae bayway of other roo			
	Tierra Verde	<sub>FL</sub> 33715	5	
Iftha 1	limited liability company is not organized under the	lawe of the	e State of Ele	ride it is hereby confirmed that offer
the cha	ange or changes are made, the Florida street address	of the reg	istered office	and the business office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	l liability c s of the lir	ompany, it is nited liability	hereby confirmed that the change(s) company or as otherwise provided in
	icles of organization or the operating agreement of t			
		Ch	ristopher C	
	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, It is writing of this change.	agree to ac ete perforn ded for in I hereby c	et in this capa nance of my d Chapter 605, confirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signati	ire of Registered Agent			

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