## L10000083 199

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

Office Use Only



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## **COVER LETTER**

**TO:** Registration Section

Divi	sion of Corporations				
SUBJECT:	YBOR 3410, LLC  Name of Limited Liability Company				
SOBJECT.					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning th	nis matter to the fo	llowing:		
KEVIN E.	RIGGS				
	Name of Person	<del>-</del> .	-		
RENAISS	ANCE CONSULTING AND I	DEVELOPMEN	-		
	Firm/Company		-		
5331 PRIM	MROSE LAKE CIR, STE 228	3			
	Address		-		
TAMPA, F	FL 33647				
	City/State and Zip Code		-		
KEVIN@F	RENCD.COM				
E-mail	address: (to be used for future an	nual report notifica	ation)		
For further in	nformation concerning this matter	, please call:			
KEVIN E.	RIGGS	813	435-5585		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Regi: Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	g amount:			
<b>2</b> \$3	25 Filing Fee	□ <b>\$</b> 55	Filing Fee & Certified Copy		
INHS18 (2/14	<b>;</b> )				

## 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.

rtoride	a.				
1. Na	ame of the limited liability company: YBOR 3410,	LLC			
2. (a)	5418 W INGRAHAM ST	<sub>(b)</sub> 5418 W	(b) 5418 W INGRAHAM ST		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Idress of limited liability company: Mailing			
	TAMPA, FL 33616	TAMPA, FL 33616			
	08/09/2010	L100000	83199		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
(47)	Registered Agent and Registered Office shown on the records of KEVIN E. RIGGS	f the Florida Dept. of Sta	te:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	17411 BRIDGE HILL CT	2019 ვლი TA			
	TAMPA	33647	ZO19 AUG Secala Talla		
TAMPA  FL 33647  RENAISSANCE CONSULTING AND DEVELOPMENT, LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	AH 9:		
	KEVIN E. RIGGS		19		
	NEW Registered Office Address:		_		
	5331 PRIMROSE LAKE CIR, STE 228		<del>_</del>		
	TAMPA , F	L 33647			
the cha agent v was/we the arti- Signa I here provisi the obt to mer-	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leare authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of member of an ember of a member accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflectly a change in the registered office address, I do not retain the second control of this change.	of the registered office iability company, it of the limited liability control is a limited liability control in the cape of the performance of my	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  NTO MANAGER  Printed or typed name of signee to comply with the eduties, and I am familiar with and accept		

Signature of Registered Agent