## L10000096800

(Reque	estor's Name)					
(Addre	ss)					
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(City/S	tate/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

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CIEME



## 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: On the	Br	anch	· UC	·		
2. (a)	9600 NW 25 Street.	(b)	8040	sw.	54 ct.		
. ( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)						
	Ma, Fz 33172		Mier	m F	ioni DA	331	<u>13</u>
	9-16-2010.		400	000	6800	•	
3.	Date of filing/registration in Florida 4.		ľ	Document	number		
5. (a)	120Sie DeRosa						
`,	Registered Agent and Registered Office shown on the records of the Flo	orida l	Dept. of State:				
	9600 NW. 25 SM					•	
	Registered Office Address (MUST RE FLORIDA STREET ADDR	ESS)					
	33172.					-4	:22
	, FL					ن ت	
						HAT 2	ئۆ پائ مەنەش
(b)	ALICE ROQUE		<del></del>			26	و بران موران
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	<u>e add</u>	ress:			F	Z.
	8040 RW 54 cont.					ڣ	12.70 2.70
	NEW Registered Office Address:				•	57	ii ni
	Man, Fr 33143						
			<del></del>				
	,FL						
the cha agent w was/we	mited liability company is not organized under the laws of ange or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the cless of arganization or the operating agreement of the limit	regis ty cor limi	tered office mpany, it is ited liability ability com	and the b hereby co company pany.	usiness office onfirmed that to or as otherwi	of the reg the change se provide	istered (s)
Signat	ure of a member or authorized representative of a member			VILE	ROULE typed name of sig		<del></del>
I hereb provision the oblit to mere notified	by accept the appointment as registered agent and agree to associate and agree to the proper and complete performs of all statutes relative to the proper and complete performs of my position as registered agent as provided for ly reflect achange in the registered office address, I herely in writing of this change.	orne orne in C by co	in this cana	with I for	withou aming to	aannhiisi	ith the accep g filed seen
	V						