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JUN 05 2018

COVER LETTER

TO: Registration Section Division of Corporations

Always There Communications LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Martin Trautschold

Name of Person

1-800 Notify

Firm/Company

7950 NW 53RD STREET, SUITE 341

Address

MIAMI, FL 33166

City/State and Zip Code

info@1800notify.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Martin Trautschold	386 334-6434							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle	Tallahassee, Florida 32314							
Tallahassee, Florida 32301								
Enclosed is a check for the following	Enclosed is a check for the following amount:							
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy							

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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:	Always There	Comm		s LLC			
2. (a)	7950 NW 53RD STREET,SUI		(b)	(b) 7950 NW 53RD STREET, SUITE 341			TE 341	
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Miami, FL 33166			MIAMI, F	FL 33166			
	02/09/2011		_					
3.	Date of filing/registration i	in Florida	- 4.		Document nur	nber		
5. (a)	TRAUTSCHOLD, C. MARTIN							
<i>J.</i> (<i>a</i>)	Registered Agent and Registered Office sho 1575 SW SAINT ANDREWS		he Florida	Dept. of State	- c: -			
	Registered Office Address (MUST BE	FLORIDA STREET A	(DDRESS)		-	2010 MAY	ī	
	PALM CITY	, FL	34990		_			
(b)	TRAUTSCHOLD, C. MARTIN							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 7950 NW 53RD STREET,SUITE 341					ວ		
	<u>NEW</u> Registered Office Address:				-			
	MIAMI	FL	33166		-			
the cha agent v was/wo	imited liability company is not organ nge or changes are made, the Florid vill be identical. Or, in the case of a ere authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited lia of the members o	the regis ibility co f the limi	tered office mpany, it i ited liabilit	e and the busin s hereby confir y company or a	ess office of med that the	f the registered c change(s)	
P	Marth The		C. N	IARTIN 1	RAUTSCHO	DLD		
Signa	ure of a member or authorized representativ	e of a member		•	Printed or typed	name of signe	e	
l here provisi the obl to mere	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered by reflect a change in the registered	rred agent and agro per and complete l agent as provided l office address, 11	ee to act performa 1 for in C iereby co	in this cap ince of my hapter 605 nfirm that	acity. 1 further duties, and 1 ar 5, F.S. Or, if th the limited liab	r agree to co n familiar w his document bility compa	omply with the with and accept t is being filed ny has been	

Signature of Registered Agent

notified in writing of this change

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