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(Re	equestor's Name)	
(Ac	idress)	
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(Do	ocument Number)	
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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 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited or to change its registered office or registered
1. Name of the limited liability company: 999 30,	CKEL PROPERTY, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)	
3. Date of filing/registration in Florida	<u>L // 00 00 /8 8/8</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	IFO REGISTERED AGENTS, LLC
Registered Office Address:	A .(.)
¢.	TO CO CONTROL OF SECULOR OF SECUL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address
NEW Registered Agent:	TO TO THE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18305 BISCAYNE BLOS SUITE 401 5 PL 33160
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	orida street address of the registered office
Signature of a member or authorized representative of a member	-
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my auties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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