Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email	Address	
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LLC REGISTERED AGENT CHANGE ADLIMBO LLC

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APR 2 1 2017

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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. N	ame of the limited liability company:			****	·				
2. (a)	3030 N. Rocky Point Dr., Ste 150A Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) 3030 N. Rocky Point Dr., Ste 150A					
,				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Tampa, FL 33607			Tampa	Tampa, FL 33607				
	03/03/2011			L11000	026508				
3.	Date of filing/registration in Florida	4.	,	ń.	Document nu	umber			
5. (a)	United States Corporation Agents, Inc.								
	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court, A	tate:							
	Registered Office Address (MUST BE FLORIDA STREET)								
	Tampa, FL 33612					<u> </u>			
(D)	Registered Agents Inc.		7 APR						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					(S) (N)			
	3030 N. Rocky Point Dr., Ste 150A								
	NEW Registered Office Address:		·						
	Tampa , FL	3360	7			, *			
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the reability of the l	gis cc im	stered off impany, i ited liabi	ice and the busi t is hereby conf lity company or	ness office of the registered irmed that the change(s)			
	Riley tak	R	ile	y Park					
	nture of a member or authorized representative of a member					d name of signee			
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to d perfor d for it hereby	nct m n (in this co ance of m hapter 6 anfirm the	apacity. I furtherly duties, and La 05, F.S. Or, if the control of	er agree to comply with the am familiar with and accept this document is being filed ability company has been			
Signate	re of Registered Agent								
	and the contract of the contra		-						