Florida Department of State

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LLC REGISTERED AGENT CHANGE SLS.ENTREPRENEURS LLC

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SECRETARY OF STATE

مهدو

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	SLS.ENTREPRENEURS LLC	
2. (a)	Principal office address of limited liability comp	any: 11954 Bernont Ave.	
	(Note: MUST BE STREET ADDRESS)	New Port Richey, FL 34654	
(b)	Mailing address of limited liability company:		
	(Note: MAY BE POST OFFICE BOX)	11954 Bemont Ave. New Port Richey, FL 34654	
	03/24/2011	L11000035905	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
	Registered Agent:	UNITED STATES CORPORATION AGENTS, INC.	
	Registered Office Address:	13302 WINDING OAK COURT	
		TAMPA FL 33612 US	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>		
	NEW Registered Agent:	Stephen Sharp	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11954 Bemont Ave.	
		New Port Richey ,FL 34654	
confinand the liability of the or the	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be idely company, it is hereby confirmed that the change members of the limited liability company or as of operating agreement of the limited liability company or as of operating agreement of the limited liability company of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote herwise provided in the articles of organization	
	Stephen Sharp		
	or typed name of signee		
\sim	by accept the appointment as registered usent any with the provisions of all statutes relative to the am familiar with and accept the obligations of my er 608, F.S. Or, if this accument is being filed to as, I hereby confirm that the limited liability compare of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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

INHS18 (05/08)