L11000081601

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

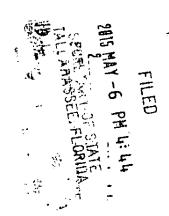
Office Use Only



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05/06/15--01012--016 **25.00



5 /20/15

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: SPECIAL SNAX Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Thomas Dilandno	2						
Special J SNAX							
15/39 3rd Drive Eas	<u></u>						
Bradento F/ 346 City/State and Zip Code	2/2						
E-mail address: (to be used for future annual repor	t notification)						
For further information concerning this matter, please of March 1985 Di Landro at (1985) Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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:	special ?	<i>1 5</i>	MAX L	LC	1
2. (a)	15139 3RD Drive East Brown	der of 1 34212 (b)	18139 3	ald Drive	EAST BAR	forten F/3
2. (a)	Principal office address of limited liabi (Note: MUST BE STREET AD.	ility company:			f limited liability E POST OFFIC	
	-1/.					
	11/3/2011				08/60	/
3.	Date of filing/registration in F	Florida 4.		Document nu	mber	
5. (a)						
	Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State	:	يص	
	The Corporation.	Service Comi	pary		3	
	Registered Office Address (MUST BE FL)	<u>ORIDA STREET ADDRESS)</u>	1	*	10000000000000000000000000000000000000	7
	1201 HAYS Street	<i></i>			و المراق	、后"
	Tallahassee	.FL 32	2301	*	· Mic.	圣
				•	Ties	F.
(b)					92	#
	Enter name of NEW Registered Agent and/or	NEW Registered Office add	<u>lress</u> :		30	
	REGISTERED AGENTS INC					
	NEW Registered Office Address:			-		
	3030 N. Rocky Point Drive, S	TE 150A				
	Tampa	r 33607				
		, FL		-		
the cha agent v was/we	imited liability company is not organizinge or changes are made, the Florida swill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating as	street address of the regist lorida limited liability con f the members of the limi	stered office impany, it is ited liabilit	e and the busing s hereby confi y company or	ness office of rmed that the	the registered change(s)
	cres of organization of the operating a	green of the innited in	1/2	n 15 /)1/ANN	RO
Signa	ture of a member or authorized representative o	of a member	////	Printed or type	d name of signee	
provisi the obl to mer	by accept the appointment as registered ons of all statutes relative to the prope igations of my position as registered a ely reflect a change in the registered of	d agent and agree to act ir and complete perform gent as provided for in C ffice address, I hereby co	in this cap ance of my Chapter 603 onfirm that	acity. I furthe duties, and I d i, F.S. Or, if t the limited lid	er agree to con im familiar wi his document ibility compan	nply with the th and accept is being filed y has been
notifie	d in writing of this change.	1			- Droeideni	

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

Bill Havre - President

Signature of Registered Agent