## L11000082306

(Re	equestor's Name)	<u> </u>		
(Address)				
(Ad	ldress)	•		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Trader Sca				
Name of Limit	ted 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:				
Change Trapanes				
Retail Dicest Semas				
751 NW 33 RD ST # 130 Address				
Pompano Beah, FL 33064 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Well Transactor & 12 306-8719  Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations P.O. Box 6327			
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
√25 Filing Fee	S55 Filing Fee & Certified Conv			

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 1 7
1. Na	ame of the limited liability company: \tag{Vall \tag{V}}	1 LLC
2. (a)	751 NW 33105T. (b)	
	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	11/30	CAKEL
	Pompano Beach, to 37064	
	7/18/2011 11	10000 82306
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Cristine A. Trapanese	•
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:
	433 Plaza Real	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	4 275	
	Boca Raton FL 33432	- - - <sup>-</sup> <sup>-</sup>
	Cristine A. Trasamose	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	The same of the state of the same of the s	72
	751 NW 335 St.	- <b>21</b>
	NEW Registered Office Address:	
	4130	
¢	Pompano Beach FL 33064	
[fthel	imited liability company is not organized under the laws of the State of Fi	lorida it in harabu confirmed that offer
the cha	ange or changes are made, the Florida street address of the registered office	ce and the business office of the registered
	will be identical. Or, in the case of a Florida limited liability company, it ere authorized by an affirmative vote of the members of the limited liabili	
	icles of organization or the operating agreement of the limited liability co	mpany.
	here Cherre	Printed or typed name of signee Refail Dicco
~	,	$(\mathbf{v}, \mathbf{v}, \mathbf{u})$
I here provisi	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the Eliv duties, and I am familiar with and accept
the obl	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that d in writing of this <del>change</del> :	15, F.S. Or, if this document is being filed t the limited liability company has been
notfie	d'in writing of this change.	
Simbon	JAN WWW	

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