11000083721

(Re	equestor's Name)				
(Address)					
(Ac	idress)				
(Cil	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		ļ			
		ļ			

Office Use Only



600299349776

05/17/17--01025--012 **100.00

FILEU NA 07

D. SCOTT MAY 1 8 2017

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	CT: BASA	Name of Limited Liability Company
Dear Sir	or Madam:	
The encl	osed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please re	eturn all correspondence concerni	ing this matter to the following:
	John Scheure Name of Person	<u>r</u>
128	Firm/Company	Four, Suite 107 # 659
	Additess	
	BUNITA Springs City/State and Zip Co	
17me 	John Schaurer @ G. nail address: (to be used for futur	e annual report notification)
	ner information concerning this m	atter please call:
	John Schurer Name of Person	at (202) 256-9998 Area Code & Daytime Telephone Number
H I (2	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	
1	Enclosed is a check for the follo	wing amount:
d	\$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	ame of the limited liability company:	tia Lonti	ALL LLC	
2. (a)		(b)	,	
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limiter	
	90 John Schurer	<u>.</u>		
	12870 trade way Four, Suite 10	•	SAM	2
	Bunita Springs, FL 34/35		11100	1. (CCD)
2	Date of filing/registration in Florida	4.	Document number	082721
3.		4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	a Elorida Dant, of 6		
	Registered Agent and Registered Office shown on the records of the	e rionda Dept. of a	state:	
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)		
	Winten fork ,FL	· · ·		
	Winter INK ,FL_	3278	<u>9</u>	
	·			
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:		
	John Scheurer			A COLUMN TO THE STATE OF THE ST
	30,600,77		<u></u>	
	NEW Registered Office Address:	_		題重型
	12870 TRAde Way Four	r, Suite	107 #659	一篇二月
	/			Ha e
	Bonita Sprims, FL	<u> 34/35</u>	_	= 2 ~
If the li	imited liability company is not organized under the laws			ofirmed that after
the cha	inge or changes are made, the Florida street address of the	he registered of	fice and the business of	fice of the registered
was/we	will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of	the limited liab	ility company or as other	erwise provided in
the arti	icles of organization of the operating agreement of the li	mited liability o	company.	Scheurer
Siona	ture of a member of authorized representative of a member		Printed or typed name of	SWEUTEV Of signee
Lhora	by account the approintment as registered agent and gave	e to act in this c	anacity I further core	e to comply with the
provisi	ions of all statutes relative to the proper and complete p	erformance of n for in Chapter (ny duties, and I am fam. 505. F.S. Or. if this doc	iliar with and accept cument is being filed
to mere	by decept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a charge in the registered office address, I he d in writing of this charge	reby confirm th	at the limited liability c	company has been
	1 / h / more			
Signatu	re of Registered Agent			