L110CC 1372E

(Reques	tor's Name)					
(Address	s)					
(Address	s)					
(City/Sta	ite/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
(Busines	ss Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing	g Officer:					
Certified Copies	Certificates of	Status				

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COVER LETTER

Division of Corporations	
SUBJECT: Strider Ever Name of Limit	175
, Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Kimberly Bruno Name of Person	
Name of Person	
Strider Events Firm/Company	
· <i>·</i>	
2/08 E. Jefferson Street	
Slando FC 32803 City/State and Zip Code	,
City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	
Kimberly Bruno at 1	704, 408-4956
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

INHS (8 (2/14)

2 \$55 Filing Fee & Certified Copy

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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.

l. Na	me of the limited liability company:	ter Ei	unts,	420	-,			
			2/			Hers	n57.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		8			ited liability <i>OST OFFIC</i>	-	
	Colando Fi 32803		Gila					
	12/6/2011		41	10001	13728	15		
3.	/2/6/20// Date of filing/registration in Florida	4.		Jocument				
5. (a)	Michael above CESQ							
	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:				22	
		,					120 1	.=
	Registered Office Address					CRETARY	020 APR 24	
	108 Hillerest X					A.F. Y	24	1
	2208 Hilleres St. Colando FL	328	<u>203</u>			(1) (1)		
(b)	Watchew J. Bauer					SEELFLORIE	PH 12: 22	·
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:			2711	~	
	2108 E. Tefferson St.							
	NEW Registered Office Address:							
	Glando FL	328	P03					
change agent was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered bility con I the limit	l office and upany, it is ed liability ability comp	the busin hereby co company pany,	ess offic infirmed or as of	ce of the r I that the o therwise p	egister change	ed (s)
Signat	ure of a member or authorized representative of a member		The shi	Printed or t	برات yped nam	CO O		
provision the oblication to the object to the transfer of the	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of hiv position as registered agent as provided by reflect a shipnge in the registered office address. I have a provided this change.	oerformai	uce of mv d .	uties and	' Lam fa	miliar wit	h imd i	accent