000 139 415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

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COVER LETTER

TO: Registration Section Division of Corporations	
Boxes Tape & more LLC SUBJECT:	
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Bennie Carmona Rivera	
Name of Person	
Firm/Company	
11579 47th Rd. N	92 E
Address	ZV Zimi
West Palm Beach FL 33411	
City/State and Zip Code	
carmona.bennie@yahoo.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
Bennie Carmona Rivera	561 628-3198 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

(a)	Principal office address of limited liability company:		(b)		Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)	:			(Note: MAY BE POST OFFICE BOX)
	2345 Redwood Rd.			11579 478	th Rd. N
	West Palm Beach FL 33409			West Paln	n Beach FL 33411
	12/12/2011		L	_11000139	415
	Date of filing/registration in Florida	4.	_	_	Document number
(a)	United States Corporation Agents,Inc.				
V- /	Registered Agent and Registered Office shown on the record	ls of the Flor	ida	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRE	:SS)		_
	476 Riverside Ave.				202
	Jacksonvilee	32202			ZbZa rimir SZ c TAX sz
		, FL			_
(h)					· · · · · · · · · · · · · · · · · · ·
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	add	ress:	- Aii
				,	严, =
	Bennie Carmona Rivera				AFILLE FL
	NEW Registered Office Address:				– r
	11579 47th Rd. N				
	West Palm Beach	, FL_33411			
a li	mited liability company is not organized under the	-		luto - CT1	— anida is in banaka a a Cama dalar Cara
nge	or changes are made, the Florida street address of	the registe	ered	l office an	d the business office of the registered
nt w	will be identical. Or, in the case of a Florida limite- are authorized by an affirmative vote of the member	d liability :	con	npany, it i	s hereby confirmed that the change(s)
arti	cles of organization or the operating agreement of	the limited	d Lie	bility cor	mnany
	303	P) Ln	nie Ca	rmona Rivera Printed or typed name of signee
	ure of a member or authorized representative of a member			<u> </u>	Printed or typed name of signee
gnat	are of temenoer or authorized representative of a member				The state of the s

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

Signature of Registered Agent