<u> 11000 14</u>	13/50				
(Requestor's Name)	700309049927				
(Address) (Address)					
(City/State/Zip/Phone #)	03/21/1801012017 **25.00				
(Business Entity Name)					
(Document Number) Certified Copies Certificates of Status	TALLAHASS				
Special Instructions to Filing Officer:	ED SSEE, FLORIDA				
Office Use Only					

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/002

Re: 13142 22ND LLC

Enclosed please find:

XX Change of Registered Agent and Office. XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u>	File in your office on a routine basis.
<u>XX</u>	Issue Proof of Filing.
<u>XX</u>	Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808 TALLAHASSEE, FLORIDA

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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)			(b)				
. ()	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	ıy:		N	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	5118 N 56TH STREET			P.O. BOX 311029			
	TAMPA, FL 33610	. <u> </u>		TAMPA,	FL 33680		
	12/22/2011	<u></u>		L1100014			
	Date of filing/registration in Florida	4.			Document	number	
(a)	Registered Agent and Registered Office shown on the reco	ada af tha Fla	rida I	Dant of State			
		sus of the Plo	nua i	Jept. of State	•	2010 MAR	<u>.</u>
	MCINTYRE, RICHARD J, ESQ.						77
	Registered Office Address (MUST BE FLORIDA STI	<u>REET ADDRI</u>	:33)			HAS	an and a second
	501 EAST KENNEDY BOULEVARD SUITE 1	1900				- 2 <u>9</u>	111
	ТАМРА	_, FL <u>336</u>	502			PF STV	0
(b)	Corporation Service Company					FLORIDA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office	add	ress:		<i>r</i> .	
	1201 Hays Street						
	NEW Registered Office Address:						
	Tallahassee	_, FL <u>323</u>	01				
e cha ent v is/we	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memoral cles of organization or the operating agreement of the operating agreement operating agreement of the operating agreement operating agre	ess of the re ited liability bers of the	egist cor limi	ered office npany, it is ted liability	and the bus hereby cor company c	siness office of t	he register change(s)
/ AL	BERTO DE ALEJO	Alberto De Alejo, Authorized Person					
Signat	ture of a member or authorized representative of a member				Printed or typ	ped name of signee	
ovisi 2 obl mere	by accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as pr ely reflect a change in the registered office addre d in writing of this change.	nd agree to aplete perfo ovided for a ess, I hereby	act i rma 'n Ci v coi	in this cape nce of my e hapter 605 nfirm that i	acity. I furth duties, and I , F.S. Or, ij the limited l	her agree to con I am familiar wii f this document i liability compan	iply with th h and acce s being file v has been

Drace C-Kuble

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7-1 13

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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