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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
Sobalici.	mited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Marthew Evacue Name of Person		
Firm/Company	BIZDEC IO PM 1: 3 SEGRETARY OF STATE ALLAHASSEE: PLONG TALLAHASSEE: PL	
Baynton Black FL 3342 City/State and Zip Code		
Matta four garon, Lown E-mail address: (to be used for offure annual report not	lification)	
For further information concerning this matter	, please call:	
Melane frest Name of Person	at (877) 7218033 Area Code & Daytime Telephone Number	 ,
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

age in or own, in the create of Frontie.	\wedge
1. Name of the limited liability company: four 9	's tandorall
2. (a) Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)	any: 901 N Congress Aug Ste B-101 Baynton Beach FL 33426
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Boy 4261 Boynton Beach FL 33424-4240
1-4-12	L12000001597
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. State:
Registered Agent:	Matthew Branch T
Registered Office Address:	2790 Windham & I Belray Beach FE 33495 M
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Mathew Evaur
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	901 N Congressau Steb-101 Bainton Beach FL 33421
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Mathew Evacus Printed or typed name of signee	-

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby contain that the limited liability company has been notified in writing of this change.

Signature of Registered Agent