L12000018493

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



800265528208

10/20/14--01010--019 **25.00

TA OCT 20 PM 2: 59
SECRETARY OF STATE
SECRETARY OF STATE
AND SECRETA

(RM) 103014

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|-------------------------|--|--|--|
| Fraatz Enterprises, LLC | | | | | |
| Nai | me of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning the | his matter to the following: | | | | |
| Randall L. Fraatz | | | | | |
| Name of Person | | | | | |
| Fraatz Enterprises, LLC | | As F | | | |
| Firm/Company | · · · · · · · · · · · · · · · · · · · | 14 OCT 20 SECTIONS | | | |
| 344 165th Ct. NE | | | | | |
| Address | | | | | |
| Bradenton, FL 34212 | | STATE TORIE TORIE | | | |
| City/State and Zip Code | ······ | 3> | | | |
| randy.fraatz@fraatzent.com | | | | | |
| E-mail address: (to be used for future an | nual report notification) | | | | |
| For further information concerning this matter | r, please call: | | | | |
| Randy | 941 961-0772 | | | | |
| Name of Person | Area Code & Daytime Telepho | one 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 | | | | |
| Enclosed is a check for the following | g 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.

| 1. N | ame of the limited liability company: Fraatz Enterp | orises, | LLC | |
|---------------------------------------|--|---|--|--|
| | | | | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | 1 | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 344 165th Ct. NE | | 344 165 | th Ct. NE |
| | Bradenton, FL 34212 | | Bradent | on, FL 34212 |
| | 02/07/2012 | | L120000 | 18493 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Randall L. Fraatz | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Flori | da Dept. of State | 3: |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u>ADDRES</u> | <u>(S)</u> | _ |
| | 4713 Claremont Park Dr. | | | ASE 7 |
| | Bradenton , FL | 342 | 11 | FILED 14 00T 20 PH 2: 59 SEUMANN PHONORID |
| | | | | 20 B |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | ddress: | |
| | and of the second | | | 2: 5: |
| | NEW Registered Office Address: | | | 0 P |
| | 344 165th Ct. NE | | | |
| | J44 TOSHI CI. NE | | | - |
| | Bradenton , FI | 342 | 12 | _ |
| the chagent was/w | limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the | the regability of the li- limited | gistered office company, it i mited liabilit | e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in inpany. |
| [| ature of a member or authorized representative of a member | | الله ما الم | Printed or typed name of signee |
| provis the ob to mer notifie | eby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete lightions of my position as registered agent as provide refy reflect a change in the registered office address, I do not in whiting of this change. | ree to a perfori d for in hereby | ct in this cap nance of my Chapter 602 confirm that | acity. I jurther agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| Signat | ure of Registered Agent' | | | |

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