L12000022554

(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE

C. LEWIS
FEB 2 8 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 7901 Florida Avenue, LLC Name of Limited Liability Company					
The of Elimon Elabority Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Brenda Henson					
Name of Person					
Scott L. Soelberg, P.C.					
Firm/Company					
• • •					
837 East 1200 South					
Address					
Orem, Utah 84097					
City/State and Zip Code					
brenda@slspclaw.com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Brenda Henson at (801) 494-8494					
Name of Person · Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}\$					

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.

1. 3	Same of the limited liability company:	7901 Florida Avenue, LLC		
2. (a) Principal office address of limited liability compar	ipany: 7901 North Florida Avenue		
	(Note: MUST BE STREET ADDRESS)	Tampa, Florida 3360-	4	
(b) Mailing address of limited liability company:	P.O. Box 1076	5	
(Note: MAY BE POST OFFICE BOX)		Tampa, Florida 33679		
	02/15/2012	L1200002	2554 🚓 🕏	
3. I	Date of filing/registration in Florida	4. Document number	LEGA	
5. ((a) Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State	
	Registered Agent:	Wendy Hickey	5,2	
	Registered Office Address.	5219 North Neptune V Tampa, Florida 33609	Vay	
(b) Enter name of NEW Registered Agent and/or NI	W Registered Office add	ress:	
	NEW Registered Agent:	Wendy Hickey		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7901 North Florida Avenue		
		Tampa	,FL_ <u>33604</u>	
con and liab of the	the limited liability company is not organized under the firmed that after the change or changes are made, the the business office of the registered agent will be ide ility company, it is hereby confirmed that the change the members of the limited liability company or as oth the operating agreement of the limited liability company.	Florida street address of the ntical. Or, in the case of a l	registered office Florida limited an affirmative vote	
	Wendy Hickey, Member			
Prin	ted or typed name of signee			
	ereby accept the appointment as registered agent and apply with the provisions of all statules relative to the plant am familiar with and accept the obligations of my paper 608, F.S. Or, if this document is being filed to have ress, I hereby confirm that the limited liability compa	agree to act in this capacity of the complete performance of the complete performance of the complete performance of the complete of the compl	ly. I further agree 10 mance of my duties, as provided for in as provided for in the registered office thing of this change.	
5190	nature of Registered Agent			

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