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LLC REGISTERED AGENT CHANGE 9801 OLD BAYMEADOWS LLC

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T. CLINE

EXAMINER

11/20/18, 2:33 PM

## 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

l.	N3	me of the limited liability company: 9801 Old Ba	ymeado	ws Ll	LC				
	(a)	5118 N 56TH STREET		(b) P.O. Box 311029					
Ź.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of (Note: MAYBE POST OFFICE					
		TAMPA, FL 33610	_	TAI	MPA,	FL 33680		<del> </del>	
		07/18/2012			0009	3119			
3.		Date of filing/registration in Florida	4.		Ť	Document number	<u> </u>		
4	(a)	CORPORATION SERVICE COMPANY							
٦.	(4)	Registered Agen: and Registered Office shown on the records of 1201 HAYS STREET	f the Florid	а Dept. с	of State:			2016	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s;</u>			AHAS	2018 NOV 20	•
		TALLAHASSEE , F	. 32301				33.33 7.333	Ö	;
		1 2 2		-			or s	A	Ī
	(b)			<del></del>			V: 9	=	C
		Enter name of NEW Registered Agent and/or NEW Registere	d Office no	jaress:			P. C.	AM !!: 04	
		Corporate Creations Network Inc.							
		NEW Registered Office Address:							
		11380 Prosperity Farms Road #221E		<del></del> -					
		Palm Beach Gardens , F	L_33410	)					
th ag w.	e cha jont v as/wa	imited liability company is not organized under the lainge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization of the operating agreement of the	of the reg liability c of the lir	istered ompan nited li	office ly, it is lability	and the business of hereby confirmed to company or as other	fice of the hat the ch	e registe :angc(s)	red
					Goss	man, Altorney-ir			
		ture of a member we authorized representative of a member		_		Printed or typed name of			
pr th to	ovisi e obl mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered affice address, I din writing of this equange.	e perjorn led for in	rance o Chopu	or 695	uttes, and Lam Jam. F.S. Or. if this doc	utar with untent is	ana acc beine fi	epi led
S	gnuti.	Denieffe Gossman, 8	pecial 8	ocreta r	Ŋ				
		Division of Corporations P.O. FILING 1			llahass	ee, FL 32314			