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Office Use Only



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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations		
SUBJECT: 180D LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The sealer of Decision of Assay (Decision of Office)	CL 16 (1) LC CL	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
1		
Scott J Garrab.	ant	
Name of Person	47(1	
Name of Terson		
17.7 116		
130D LLC		
Firm/Company		
/ 2 / / 2	~ D ~	
6241 SAWYER LO	of KOUD	
Address		
	7 117 7 9	
Suile 311 SarasotA FL 34238		
City/State and Zip Code		
`\\		
Scott. ge ibod. cox	^	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, plea	ase can.	
	2-11/11/2	
Scott J Garrabrant a		
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	Description of the co	
🚜 525 ruing rec	☐ \$55 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 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 10/1 1002.	
1. Name of the limited liability company: 1 B o D	LLC
2. (a) 584 HORNBLOWER LANE	· · · · · · · · · · · · · · · · · · ·
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Longboat Key, FL 34228	suite 311
	SARASOTA, FL 34238
2/1/2011	
3. Date of filing/registration in Florida	4. Document number
5. (a) Scott J GARRAbrant	
Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:
584 Hornblower Lane	=
Registered Office Address (MUST BE FLORIDA STREET ADI	
1	26
Longboat Key .FL	34228 - PED
(b) Scott J Garrabrant	±3
Enter name of NEW Registered Agent and/or NEW Registered Off	ice address:
6241 SAWYER LOOP	ROAD
NEW Registered Office Address:	
suite 311	
SARA SOTA .FL_	34238
If the limited liability company is not organized under the laws of	of the State of Florida, it is hereby confirmed that after
agent will be identical. Or, in the case of a Florida limited liabil	registered office and the business office of the registered ity company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the lim	te limited liability company or as otherwise provided in
_ but the source of the source	ScoTT J Garrabrant Printed or typed name of signee
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to melely reflect a change in the registered office address. I here notified in writing of this change.	

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

Signature of Registered Agent