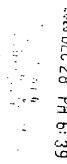
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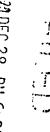
(Requestor's Name)	
(Address) (Address)	1003
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
- (Business Entity Name)	12/28/
(Document Number)	
Certified Copies Certificates of Status	FEB 10 202 S. YOU 7

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COVER LETTER

Division of Corporations	• •
Teric Enterprise Solutions, LLC SUBJECT:	•
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mike Womer	
Name of Person	
United Agent Services, LLC	
Firm/Company	
221 N Broad St	
Address	
Middletown, DE 19709	
City/State and Zip Code	
compliance@unitedagentservices.com	•
E-mail address: (to be used for future annu	al report notification)
or further information concerning this matter, p	please call:
Duinn McCreary	302 894-7716 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	imount:
■ \$25 Filing Fee	☐ \$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.

)	4326 WINDERGATE CT.		(b)	4446-1A	HENDRICKS	S AVE., #106	
, .	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:				s of limited liability comp Y BE POST OFFICE BO	•
	JACKSONVILLE. FL 32257			JACKSO	ONVILLE, FL.	32207	
	11/13/2012		I	.1200014.	2822		
	Date of filing/registration in Florida	4.	-		Document	number	
	SMALLBIZ AGENTS, LLC						
a)	Registered Agent and Registered Office shown on the rec	ords of the Flo	rida	Dept. of St	ate:		
	75 N. WOODWARD AVE. #10000			•			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDR	ESS)		_		
						Į.	
	TALLAHASSEE	, FL_ ³²³¹	3		<u> </u>	2629 DEC	-
b) ,	United Agent Services LLC				_	28 PM	1 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office	add	ress:		6.	ور سا
	9100 Conroy Windermere Rd #200-UAS				_		
	NEW Registered Office Address:						
	Windermere	3478	 G		_		
		FL	-				
ge Lw we	mited liability company is not organized under or changes are made, the Florida street address zill be identical. Or, in the case of a Florida lim- are authorized by an affirmative vote of the mem- cles of organization or the operating agreement	of the regis ited liability ibers of the	terec ' con limit	l office at ipany, it ed liabili	nd the busine is hereby con ity company (ss office of the registed firmed that the change	ered (e(s)
nati	ure of a member or authorized representative of a member	- -			Printed or typ	ped name of signee	
isio bli re	by accept the appointment as registered agent are ons of all statutes relative to the proper and con ligations of my position as registered agent as pr by reflect a change in the registered office addr for writing of this change.	nd agree to aplete perfo ovided for t ess, I hereby	act i rmai n Ci r cor	n this cap ice of my papter 60 pfirm that	pacity. I furth duties, and I 5. F.S. Or, if t the limited I	her agree to comply w am familiar with and this document is ben iability company has	vith i l acc ng fii heen