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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SSA Partners, LLC SUBJECT:	
N	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Stephen Kurtz	
Name of Person	
SSA Partners, LLC	
Firm/Company	
34035 Park Ln	
Address	
Leesburg, FL 34788	
City/State and Zip Code	
steve.kurtz@outlook.com	
E-mail address: (to be used for future a	innual report notification)
For further information concerning this matter	er, please call:
Stephen Kurtz	352 408-2638 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	ng 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.

2. (a)			(b)					
(_/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)		Mailing address of limit (Note: MAY BE POS	•	•	•
	34035 Park Ln			34035 Par	k Ln			
	Leesburg, FL 34788	_		Leesburg,	FL 34788			
	2/14/2013		1.	.13000023	960			
3.	Date of filing/registration in Florida	4.			Document number			
5. (a)	Patricia R. Mueller, ESQ							
υ. (ω)	Registered Agent and Registered Office shown on the records of	the Flor	ida l	Dept. of Sta	e:	TALLA	2021, APR	سبب
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SSI			200	20	ا ا
	3900 Lake Center Dr Suite A-5					(1). 1 *\$	22	<u></u>
	Mount Dora , FI	32757			_	177	AM 8:	n
(b)	Andrew T. Kurtz						: 26	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	_			
	NEW Registered Office Address:				_			
	2680 Little Laurel Way							
					_			
	Mount Dora	32757						
76.1 1					- 			
if the i change	imited liability company is not organized under the later or changes are made, the Florida street address of the	ws of the registe	ne S erec	State of Fl l office an	orida, it is hereby co id the business office	onfirmed e of the i	that at	ter the
agent v	will be identical. Or, in the case of a Florida limited lierg authorized by an affirmative vote of the members of	ability (con	npany, it i	s hereby confirmed	that the	change	(s)
	icles, of organization or the operating agreement of the					ici wise j	Jiovido	u III
	Topher T. Kuns	St	eph	en T. Kurt	z			
Signa	nure of a member or authorized representative of a member				Printed or typed name	of signee		
I here provisi the obt to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not the continuous of the change.	ree to a perfori d for in hereby	ct i mai Cl coi	n this cap nce of niv napter 60: nfirm that	acity. I further agre duties, and I am fam 5, F.S. Or, if this do the limited liability	re to con niliar wil cument i compan	iply wi th and is being v has b	th the accept g filed een
Signatu	tre of Registered Agent							