L130000 42263

(Requestor's Name)					
(Address)	6002				
(Address) (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)	12				
Certified Copies Certificates of Status	1 -				
Special Instructions to Filing Officer:					





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2015 DEC -7 PHI2: 3C

DEC O 8 20Th J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Eyecutive Bus Name of L	CINECS Center LLC Limited Liability 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:							
Costas Manouselis Name of Person							
Executive Business Center Firm/Company	in UC						
2550 Palm Bay Rd. 1 Address	VE						
Palm Bay, 4L 32905 City State and Zip Code	· · · · · · · · · · · · · · · · · · ·						
Costas Manouselis Dijahoo. Com E-mail address: (to be used for future armual report notification)							
For further information concerning this matter, please call:							
	(321) 508 3880						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations P.O. Box 6327						
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314						
Tallahassee, Florida 32301	Tallallasso, Tiolida 52511						
Enclosed is a check for the following 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.

1.	Na	me of the limited liability company:	Executi	ue	Bus	iness	Cent	25 6	LC
2.	(a)	2550 Palm Bay Ra Principal office address of limbed liabil (Note: MUST BE STREET ADD Palm Bay 4L 36	d. NE lity company:	_ (b)		Mailing address o	of limited liab	ility cor	npany:
1		4/20/15 Date of filing/registration in F	11	_	L13	0000		3	
3.5.	(a)	Registered Agent and Registered Office shown	relis	4. Florida D	Dept. of State	Document nu	imber		
		Registered Office Address (MUST BE FLO	Kal. N.E. PRIDA STREET AL) DDRESS)			mand The state of the state of	2015 DE	enut x
ı	(b)	Stetianas Man Enter name of NEW Registered Agent and/or	ouselis	329			JASSEE FLOR	C-7 PHI2: 3	
		9750 OHER CLEK NEW Registered Office Address:	ln.				10 A	30	
		Llelbourne	, FL	329	40				
the age was the	cha nt v s/we arti	imited liability company is not organize inge or changes are made, the Florida st vill be identical. Or, in the case of a Florice ere authorized by an affirmative vote of cles of organization or the operating ag	reet address of the orida limited liab the members of reement of the li	ne registe ility con the limit mited lia	ered office npany, it is ed liability bility com	e and the busing thereby confi ty company or	ness office irmed that t as otherwis	of the he cha se prov	registered nge(s)
I h pro the to i not	erel	ture of a member of authorized representative of by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered off in writing of this change. The May Wells of Registered Agent	agent and agree	e to act i	n this cand	acity. I furthe	er agree to	compli	with the ind accept eing filed as been