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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
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J. SAULSBERRY EXAMINER

AUG 29 2013

COVER LETTER

► TO: Registration Section Division of Corporations		
SUBJECT: 1321 Stillwater 1 Name of Lin	DYIVE LCC mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Darcie Picard Name of Person		
1321 Stillwater Drive	LLC	
Firm/Company 401 NE 103rd St Address Miami Shoves FL 331 City/State and Zip Code Advie. Moore Panail E-mail address: (to be used for future annual report notion		
For further information concerning this matter	, please call:	
Name of Person	at (<u>780</u>) <u>246 - 496/</u> Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$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 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered office ör registered
1. Name of the limited liability company: 1321 St	illwater Drive LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 401 NE 103 rd St Miami Shover FL 33138
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	401 NE 103rd St Miami Shoves Fr 33138
3. Date of filing/registration in Florida	L13006044026
5. Date of filling/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	<u>*</u>
Registered Agent:	Darcie Picard
Registered Office Address:	550 Bay Point Road Miani F. 33137
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 NE 1634 St Miami Shoves FL 33138
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Day Color Pi Color Department of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.