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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PRINT & ASSO Name of Limit	cares ccc ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
MARIC PLIMIZ Name of Person		
PRINTZ & ASSOCIATES,	<< <u><</u>	
1845 MAHOGANG DR. Address		
ORLANDO FL 37825 City/State and Zip Code		
MPCK. PRINTZ & OUTCED E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	II:	
MARK PRINTZ at (_S	767) 733-6524 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:		
 	□ \$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)	
2. (a)	12 1.2024
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST	OFFICE BON
1845 MAHUCANY DR 1845 MAH	
OPLANDO, FL 32825 ORLANDO,	FC 32825
11/03/2015	450
3. Date of filing/registration in Florida 4. Document number	
5. (a) UNITED STATES CORPORATION AGENTS Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
UNITED STATES CORPORCTION Acents, TOC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
13302 WINDING DAKS COURT, Suite A	
TAMPA FL 33612	17 NON -7
(h) MARK A. PRINTZ	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	平川
MARK A. PRINTZ	2
NEW Registered Office Address:	
1845 MAHOGANY DR	
ORLANDO FL 32825	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent