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

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JAN 13 2016 S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: 570NECLIFF, LLC Name of Lim	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Roger St. Cyr Name of Person	
Storecliss, LLC Firm/Company	 三经。 专
2000 S. Ocean Blvd. #108 Address	JM 12
Palm Beach FL 33480 City/State and Zip Code	5 N
Pocetstext @ a mail. com Email address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	
Roger St. Cyr at (3)	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 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	ame of the limited liability company: 570VEC	(IFF L	LC	
2. (a)		_ (b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		s of limited liability company: Y BE POST OFFICE BOX)
	20005. Ocean Blvd. # 108N	20	300 S. Oc	ean Blod #1081
	Palm Boach, FL 33480	周	m Beach,	FL 33480
	06/24/2013	L	130000	90682
3.	Date of filing/registration in Florida	4.	Document	_
5. (a)	Registered Agent and Registered Office shown on the records of the			
			of State:	56
	ST. SR, Roger Registered Office Address (MUST BE FLORIDA STREET AL			A FI
		<u>DDRESS)</u>		200 三 三
	110 Via Quantera		_ 	ILED
	Palm Beach Gardens, FL	33418	·	PN 2:
		•		養利 5
(b)	Enter name of NEW Registered Agent and/or NEW Registered O		<u>-</u>	
	Enter name of NEW Registered Agent and/or NEW Registered O	<u>office address:</u>		
	NEW Registered Office Address:			
	2000 S. Ocean Blvd. #10	08N		
	Palu Beach ,FL	33480	2_	
If the I	imited liability company is not organized under the laws	s of the State	of Florida, it is h	ereby confirmed that after
the cha	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	he registered	office and the bu	siness office of the registered
was/w	ere authorized by an affirmative vote of the members of	the limited li	ability company	
the arti	icles of organization or the operating agreement of the li			16.
Signa	twe of a member of authorized representative of a member	40	Printed or ty	ped name of signee
I here	by accept the appointment as revistered agent and agre	e to act in thi	s capacity. I furi	ther agree to comply with the
provisi the obl	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he	erformance of for in Chapte	of my duties, and er 605, F.S. Or. i	I am familiar with and accept f this document is being filed
to mero	ely reflect a change in the registered office address, I he d in writing of this change.	ereby confirm	that the limited	liability company has been
	K Attun			
0: 14	1 CD 1.17 Y 1077.			