

L13000103647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APR 14 2015

T. HAMPTON

FILED  
15 MAR 23 PM 3:46  
and assigned  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number L13000103647

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

2005 Vista Parkway, Ste 100

***(Principal office address MUST BE A STREET ADDRESS)***

West Palm Beach, FL 33411

**Enter new mailing address, if applicable:**

2005 Vista Parkway, Ste 100

**(Mailing address MAY BE A POST OFFICE BOX)**

West Palm Beach, FL 33411

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida  
City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Julio Sanchez	250 S Australian Ave., #1107	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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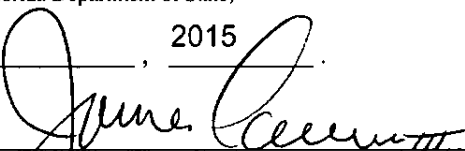
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10, 2015



Signature of a member or authorized representative of a member

James A Torrance III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 MAR 23 PM 3:46  
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TALLAHASSEE, FLORIDA