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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·				
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Li	ability 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:
David Warrentk Name of Person Tax Pros Firm/Company 4520 19th Ave Sw Address Farqo ND 58103 City/State and Zip Code	FILELI 16 APR 28 PH 2: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Down Name of Person	

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

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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:	11	uk 1	401	<u>dîr</u>	45		<u>-C</u>	
2. (a)		(b) _				ı			
_, (,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	() _	N	Mailing add (<u>Note:</u> A		imited liab POST OF	•		:
	3407 Captoro Ave	_	<u>340</u>	57	Ca	plan	V.	A	ve
	Clermont FL 34711	-	Clea	mer	1+	FL	_3	,4-	7 1_
	7-36-2013		<u>L</u>]	<u>3α</u>	20_	107	05	57	
3.	Date of filing/registration in Florida 4.			Docume	ent num -	ber			
5. (a)	Registered Agent and Registered Office shown on the records of the Fle	Cot orida D	ept. of State) 	2		•		
	Name and Holdings L Registered Office Address (MUST BE FLORIDA STREET ADDR		<u> </u>	-		•			
	3407 Capland Ave			_					
	Clement , FL 3	34	711	-		TALLA	SECRI	5 >	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e addre	<u>285</u> :	-		HASSEE		APR 28	FILE
	REGISTERED AGENTS INC.					- -	257	골	U
	NEW Registered Office Address:			-		7,75		2: 48	
	3030 N Rocky Point	Dr	<u>. Su</u>	ile!	50 F	t ³		သ	
	Tampa FL 3 FL 3						. •		
the cha agent v was/w	limited liability company is not organized under the laws of ange or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cicles of organization or the operating agreement of the limit	registe ty com e limite	red office pany, it is ed liabilit	e and the s hereby y compar	busine: confirm	ss office ned that t	of the he cha	regis ange(s	tered s)
Signa	ature of a member or authorized representative of a member		M) C	Printed o	r typed n	ame of sig	nee		
provis the ob- to mer	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for rely reflect a change in the registered office address, I hereb af in writing of this change.	act in orman in Ch by con	this cap ce of my apter 605 firm that	acity. I f duties, a 5, F.S. O the limit	further ond I am Ir, if this ed liabi	agree to familiar s docume lity conu	compl with a ent is b oany h	y with and ac peing as bei	h the ccept filed en

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Bill Hayre/Assistant Secretary

Signature of Registered Agent