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COVER LETTER

TO:	Registration Section Division of Corporations		e e e e e e e e e e e e e e e e e e e			
SUBJE	ECT:					
	Name	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and fee	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fol	llowing:			
PAUL	O DE BASTOS					
	Name of Person		•			
REGI	STERED AGENT SERVICES OF F	FLORIDA LLC				
	Firm/Company					
8551	W SUNRISE BLVD SUITE 100					
	Address	_				
PLAN	TATION, FL 33322					
	City/State and Zip Code					
admin	n@hodeba.com					
Е	-mail address: (to be used for future annu	al report notifica	tion)			
For fur	ther information concerning this matter, p	lease call:				
PAUL	O DE BASTOS	954 at (4520030			
	Name of Person	- \ <u>-</u> /	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314			
	Enclosed is a check for the following a	mount:				
	☑ \$25 Filing Fee	□ \$55 I	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.

1. Na	ame of the limited liability company:	LLC					
2. (a)	12025 RIVERHILLS DRIVE	(b) 12025 RIVERHILLS DRIVE					
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	·	Mailing address of (Note: MAY E		•	
	TAMPA, FL 33617		TAMPA	, FL 33617			 -
	08/12/2013	 -	L130001	13473			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	INTERNATIONAL TAX & COMMERCE						
` ,	Registered Agent and Registered Office shown on the records of the 12025 RIVERHILLS DRIVE	he Florid	a Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>s)</u>	-			
	TAMPA	33617	_	_			
(b)	REGISTERED AGENT SERVICES OF FLOR	RIDA L	LC	_	IALI	2019 APR	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	ldress:	_		; <u>`</u>	- 1
	8551 WEST SUNRISE BLVD				•	~ - 8	
	NEW Registered Office Address:			_		AH III:	
		_	<u> </u>	-	-	1 : 0	
	PLANTATION , FL	33322		_	-	\sqrt{1}	
ne cha gent v vas/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere.	the regi bility co the lin	stered office ompany, it i nited liabilit	e and the busir s hereby confi v company or	ness offic	e of the	registered
		PA	ULO DE E	BASTOS, ma	anager		
	ture of a member of authorized representative of a member			Printed or typed		_	
ne obli ne mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have I'm writing of this change.	re to ac perform for in (ereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I furthe duties, and I a i, F.S. Or, if th the limited liad	r agree t m familio us docur bility cor	o comp ar with nent is npany l	ly with the and accept being filed as been
ignatu	re of Registered-Agent						

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