L17000 117619

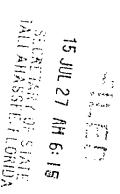
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500275163225

07/27/15--01019--015 **25.00



JUL 28 2015 J SHIVERS

COVER LETTER

	egistration Section vision of Corporations					
SUBJECT	Focus Eatonville Partners, LLC					
		ne of Limited Liab	ility Company			
Dear Sir o	r Madam:					
The enclose	sed Registered Agent/Registered Off	fice Change and fee	e(s) are submitted for filing.			
Please retu	urn all correspondence concerning th	nis matter to the fol	lowing:			
Cory R.	Graef, Esq					
	Name of Person					
Focus E	atonville Partners, LLC					
	Firm/Company					
950 Pen	insula Corporate Circle Suite 2	2005				
	Address					
Boca Ra	iton, FL. 33487					
	City/State and Zip Code					
coryfp@	me.com					
E-ma	ail address: (to be used for future an	nual report notifica	tion)			
For furthe	r information concerning this matter	, please call:				
Cory R.	Graef, Esq	561	755-7170			
	Name of Person		Area Code & Daytime Telephone Number			
Re	FREET/COURIER ADDRESS: egistration Section	Regis	MAILING ADDRESS: Registration Section			
	ivision of Corporations lifton Building		Division of Corporations P.O. Box 6327			
26	661 Executive Center Circle allahassee, Florida 32301	Tallahassee, Florida 32314				
E	Enclosed is a check for the following amount:					
Z	\$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: Focus Eato	nville Par	tners, LLC	,	
2. (a)	950 Peninsula Corporate Circle	(h	(b) 950 Peninsula Corporate Circle Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>			
	Suite 2005		Suite 2005		
	Boca Raton, FL. 33487		Boca Ra	ton, FL. 33487	
	08/12/2013		L1300011	3619	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Cory R. Graef, Esq				
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	:	
	3690 Airport Rd				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>		
	Suite 9			A. C.	
	Boca Raton	_{FL} 33487		15 JUL 27 GEORETANN	
				JUL 27 AH 6: 16 AHASSEE FLORID	
(b)	Enter name of NEW Registered Agent and/or NEW Register	-1061		SEX 7 pm	
	Effect fiante of NEW Registered Agent and/or NEW Register	reu Office au	uress:		
	950 Peninsula Corporate Circle				
	NEW Registered Office Address:			OF G	
	Suite 2005				
	Boca Raton	_{FL} 33487			
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	laws of the of the regi liability co s of the lim he limited	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member of amember	<u> </u>	rey A. Gra	Printed or typed name of signee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change.	ngree to ac le perform ded for in (I hereby c	t in this cape ance of my c Chapter 605 onfirm that t	icity. I further garee to comply with the	
Signatu	ire of Registered Agent	-			

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