## 113000125606

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



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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| SUBJECT: 1448 MA Name of Lim  | ited Liability 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:                   |  |  |  |  |  |  |  |  |  |
| CHMSPOPHER J. BROWN Name of Person  |  |  |  |  |  |  |  |  |  |
| 1448 MAIN ST. L   | 16                                     |  |  |  |  |  |  |  |  |
| Firm/Company  |  |  |  |  |  |  |  |  |  |
| 313 LOOKOUT POINT DI.   |  |  |  |  |  |  |  |  |  |
| Address   |  |  |  |  |  |  |  |  |  |
| OSPREY, FL 3  | 4204                                   |  |  |  |  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |  |  |  |  |  |
| SIESTACIBE GMAIL. COM   |  |  |  |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                          |  |  |  |  |  |  |  |  |  |
| For further information concerning this matter, please ca                                   | ıll:                                   |  |  |  |  |  |  |  |  |
| CHAISPOPHER BROWN at (  | 941, 720-7770                          |  |  |  |  |  |  |  |  |
| Name of Person  | Area Code & Daytime Telephone Number   |  |  |  |  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section  | MAILING ADDRESS: Registration Section  |  |  |  |  |  |  |  |  |
| Division of Corporations Clifton Building   | Division of Corporations P.O. Box 6327 |  |  |  |  |  |  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32301                                     | 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 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 10,100                       | ••   |   | 4/1/0  | 2 1/   | 1-11/  | T. L   | 11                                   |   |  |
|--------------------------------|--|---|--|--|--|--|--------------------------------------|---|--|
| 1. Na                          | me of the limited li   | ability company:  | 1448   | 2 M4   | 7/4 3/   | 1, 4   | ~ (                                  |   |  |
| 2. (a)                         | 1600 N.  | LODGE   | DRIVE  | (b)  | 5  | 4ME  |                                      |   |  |
| _, ()                          | Principal office   | address of limited lial   | • • •  | (-)  |  | address of lir   |                                      |   |  |
|                                | SANAS  | 07A, FZ   | -  | _  |  |  |                                      |   |  |
|                                |  | 34239   | ?  | <del></del>  |  |  |                                      |   |  |
|                                | 9,   | 15/13   |  |  | 2130   | 200/   | 2                                    | 560   | 06   |
| 3.                             | Date of fil  | ing/registration in   | Florida  | 4.   | Docur  | nent numb  | er                                   |   |  |
| 5. (a)                         | 12/12/   | AM M  | · HARN   | VON  |  |  |                                      |   |  |
| ` '                            | Registered Agent and F   | Registered Office show  | n on the records of the  | he Florida Dept.   | . of State:  |  |                                      |   |  |
|                                | 1600   | N. Lo   | DGE 1  | DRIVE  | <u>.                                    </u>   |  |                                      |   |  |
|                                | Registered Office Add  | ress (MUST BE FI  | LORIDA STREET A  | DDRESS)  | <del></del>  |  |                                      |   |  |
|                                | SANASO   | 074, FL   | _  |  |  |  |                                      |   |  |
|                                |  | 348   | -39,FL   |  |  |  |                                      |   |  |
| (b)                            | CHUS   | OPHER   | - J. B   | ROWA   | <u>/</u>   |  | 9<br>10<br>48                        | 77.   | ;<br>;<br>;                                    |
|                                | Enter name of NEW R  | egistered Agent and/c   | or <u>NEW Registered</u>   | Office address:  |  | T.M  |                                      | · · · ·   |  |
|                                | 313  | 100KOUT   | Dorn   | 15 D   | K.   | 77 P   | 23<br><b>T</b>                       | m   |  |
|                                | NEW Registered Office  | e Address:  | /  |  |  | FLC  | Ų                                    | D   |  |
|                                |  | REY,  | FL   |  | <del></del>  | )RIE   | £ 2]                                 |   |  |
|                                |  | 348   | 7 <i>79</i> ,FL  |  | <br>   | 7  | -                                    |   | , angle  |
| the cha<br>agent w<br>was/we   | mited liability compage or changes are all be identical. Or the authorized by an cles of organization                    | made, the Florida;<br>, in the case of a F<br>affirmative vote o  | street address of t<br>lorida limited lia<br>of the members of                     | the registered<br>bility compar<br>f the limited I                 | d office and the offi | ne business<br>y confirme<br>any or as                   | s office<br>ed that<br>otherw        | e of the i<br>the chai<br>ise prov              | registered<br>nge(s)<br>rided in               |
|                                |  |   |  |  | ity company.  HUSIGO  Printed  | HER  | ٠. ک                                 | 15 R  | SUR  |
| •                              | ure of a member or auth  | •   |  |  |  |  |                                      |   |  |
| provist<br>the obli<br>to mere | by accept the appoir<br>ons of all statutes re<br>igations of my posit<br>Ify reflect a change<br>I in writing of this c | elative to the prop<br>ion as registered o<br>in the registered o | ed agent and agre<br>er and complete p<br>agent as provided<br>office address, I h | ee to act in the<br>performance<br>I for in Chapt<br>ereby confirm | nis capacity. of my duties, ter 605, F.S. n that the lim   | I further a<br>and I am f<br>Or, if this<br>ited liabili | gree to<br>amilia<br>docum<br>ty com | o comply<br>ir with a<br>nent is be<br>npany ha | with the<br>nd accept<br>eing filed<br>as been |

Signature of Registered Agent Brown