L130001287-62

(Re	equestor's Name)				
(Ac	idress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Ві	usiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
:					

Office Use Only



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12/01/15--010134-002 **25.00



DEC 0 3 2015 Y SULKER

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED MABILITY 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.

(a)	[cancel previous address change] Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2519 Cardwell Way		_	3917 Mc	orris Court		
	Sarasota, FL 34231		_	Peachtre	ee Corners,	GA 30092	
	Date of filing/registration in Flori	ida	 4.	····	Document nu	mber	
(a)	Peter Ross						
(u)	Registered Agent and Registered Office shown on t	he records of t	he Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	53 .	
	2519 Cardwell Way	, 				15 D	
	Sarasota	, FL_	34231		-	EC-1	e i pro-
(b)							
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	N Registered	Office add	ress:	-	AM II: 09 OF STATE E, EEORIOA	Section 1
	NEW Registered Office Address:				-		
	2519 Cardwell Way						
	Sarasota	, FL	34231				
e chai ent w is/we	mited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florid re authorized by an affirmative vote of the cless of grant ation or the operating agrees	t address of a limited lia members of	the regist bility cor the limi	ered office npany, it is ted liability	e and the busing hereby confined to the confin	ness office of t rmed that the o	he register change(s)
	Julian		Pete	r Ross			
ignat	ure of a member or authorized representative of a me	ember			Printed or typed	l name of signee	

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

Signature of Registered Agent