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(Ac	ldress)	
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APR 23 2014

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SIFIT. BIZ LL	C nited Liability Company
Name of Lin	med Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
BRIAN FILICKY	
BRIAN FILICKY Name of Person	
SIFTIT, BIZ LLC Firm/Company	
Firm/Company	
49 <i>5</i>	
STE GRAND BLUD STE	ત્રે ૦૯
Address	·
MIRAMAR BEACH FL 32	.250
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	ail:
BRIAN FILICKY at (850) a183300
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananasses, Fiorida 52514
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

Piori	uu.
1. 1	Name of the limited liability company: SIFTIT, BIZ LLC
2. (a	
	MIRAMAR BEACH FL 32550 MIRAMAR BEACH FL 3255
	10-03-13 L13000139919
3.	Date of filing/registration in Florida 4. Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	4758 BONAIRE CAY
	UESTIN ,FL 32541
(b	Enter name of NEW Registered Agent and/of NEW Registered Office address:
	₩ 型 TI
	RRIAN FILICIAL
	NEW Registered Office Address:
	495 99 GRAND BLVD STE 206
	MIRAMAR BEACH, FL 32550
the cagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after hange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
Sign	Ruan Julicky nature of a member or authorized representative of a member Printed or typed name of signee
I her provi the o to me notifi	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept beligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed trely reflect a change in the registered office address, I hereby confirm that the limited liability company has been sed in writing of this change. Live of Registered Agent

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

INHS18 (2/14)