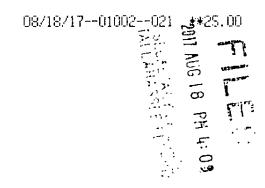
## U3000 142815

(Require	estor's Name)	
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(Addre	<b>SS</b> )	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
·	_	

Office Use Only



600302701556



J. HARRIS

## • COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	TASI, LLC		
	Name	e of Limite	l Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Offic	ce Change	and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to	he following:
Arthur	Smith		
	Name of Person		<del></del>
	rame of refson		
	Firm/Company		
6 Glen	cairn Road		
	Address		
Palm B	Beach Gardens, FL 33418		
	City/State and Zip Code		
ajsmith	3@gmail.com		
E-n	nail address: (to be used for future annu	ial report n	otification)
For furth	er information concerning this matter,	please call:	
Adam S	Smith	217 _ at (	721-2540
	Name of Person		Area Code & Daytime Telephone Number
I i	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	2661 Executive Center Circle Fallahassee, Florida 32301		Tallahassee, Florida 32314
1	Enclosed is a check for the following	amount:	
C	<b>2</b> \$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.

2103 NW 50th Place		(b) <del>[</del>	Glencairn Road	
Principal office address of limited lia (Note: MUST BE STREET A			_	f limited liability company <i>E POST OFFICE BOX</i> )
Gainesville, FL 32605			Sainesville, FL 3260	
10/07/2013	,	 L1	3000142815	
Date of filing/registration in	Florida	4.	Document nu	mber
Adam J. Smith				
Registered Agent and Registered Office show	on the records o	f the Florida De	pt. of State:	
2103 NW 50th Place				
Registered Office Address (MUST BE F.	LORIDA STREET	(ADDRESS)		
Gainesville	Ŀ	32605	<del></del>	17: 21
Arthur F. Smith	, F	L 32605		2017 AUG
			<u>sv</u> :	2017 AUG 18
Arthur F. Smith			<u></u>	2017 AUG 18 PH
Arthur F. Smith			<u>ev</u> :	2017 AUG 18 PH 4:1
Arthur F. Smith  Enter name of <u>NEW Registered Agent</u> and/			<u>sv</u> :	
Arthur F. Smith  Enter name of NEW Registered Agent and/o  NEW Registered Office Address:	or <u>NEW Registere</u>	d Office addre	<u>ev</u> :	2017 AUG 18 PH 4: 09
Arthur F. Smith  Enter name of NEW Registered Agent and/  NEW Registered Office Address:  6 Glencairn Road	or <u>NEW Registere</u>	d Office addres		18 PH 4: 09

Signature of a member or authorized representative of a member

III J. OHBUI

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent