Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Co	Division of Corporations		
	Fax Number	: (850)617-6383		
From:		. DECICTEDED ACENTE INC		
		: REGISTERED AGENTS INC. : 120090000081		
	Phone	: (307)200-2803		
	Fax Number	: (855)330-1010		
Enter the annual	email address fo report mailings.	this business entity to be used for future Enter only one email address please.		
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(b)

LLC REGISTERED AGENT CHANGE EXPECTATIONS LLC

Certificate of Status	0
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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.

Name of the limited liability company:	PECTATIONS LLC
(a) 7437 SHORE ACRES ST	(b) 7437 SHORE ACRES ST
Principal office address of limited liability of (Note: MUST BE STREET ADDRE)	ompany: Mailing address of limited liability company:
WESLEY CHAPEL, FL 33545	WESLEY CHAPEL, FL 33545
11/01/2013	L13000153939
Date of filing/registration in Florida	da 4. Document number
(a) UNITED STATES CORPORATION	AGENTS, INC.
(a) Registered Agent and Registered Office shown on the	
13302 WINDING OAK COUR	T
	DA STREET ADDRESSI
A	A CO
TAMPA	FL 33612
(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW 3030 N. Rocky Point December 1985	
NEW Registered Office Address.	
STE 150A	
Tampa	, FL 33607
e change or changes are made, the Florida street ent will be identical. Or, in the case of a Florida as/were authorized by an affirmative vote of the e articles of organization or the operating agreet	Riley Park
Signature of a member or authorized representative of a in	
ovisions of all statutes relative to the proper an e obligations of my position as registered agent merely reflect a change in the registered office niffed in writing of this change.	gent and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and access as provided for in Chapter 605, F.S. Or, if this document is being file address, I hereby confirm that the limited liability company has been
Bill Havre	-President

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