L13000160568

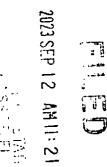
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

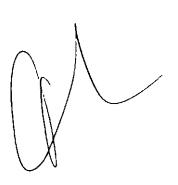
Office Use Only



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09/12/28--01016--019 **25.00





A				
*	COVER	LETTER		
TO: Registration Section Division of Corporations				
SUBJECT: 418 Canal Street, LLC				
·	Name of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the	e following:		
James Peterson				
Name of Person				
Peterson Law Group		_	ى د	
Firm/Company	_		22	
2650 N. Dixie FWY 2nd Floor		——————————————————————————————————————	7077 CED 12 KMII: 2	
Address) X	
New Smyrna Beach, FL 32168			=	
City/State and Zip Cod	le	<u></u>	<u>></u>	
jpeterson@plgnsb.com				
E-mail address: (to be used for future	annual report not	ification)		
For further information concerning this mat	ter, please call:			
James Peterson	386	428-2464		
Name of Person	at (Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the follow	ing amount:			
■ \$25 Filing Fee	<u>.</u>	S55 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. N	ame of the limited liability company: 418 Canal Street.	LLC		
2. (a)	418 Canal Street	(b) 2650 N. Dixie		Dixie Fwy, 2nd Floor
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New Smyrna Beach, FL 32168		New Smy	ma Beach, FL 32168
	11/14/2013		L13000160	568
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Peterson, James C.			
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET Address 418 Canal Street)		·	_
	New Smyrna Beach, FL	32168		023 SE
(b)				- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office:	address:	F. 19 E.D. 2023 SEP 12 AH 11: 21
	NEW Registered Office Address:			
	2650 N. Dixic Fwy. 2nd Floor			_
	New Smyrna Beach, FL	32168		_
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o joles of organization or the operating agreement of the law ended to be a member or authorized representative of a member	registe bility of f the li limited	red office ar company, it i mited liabilit l liability cor	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
I here provis the on to mer notifie	by accept the appointment as registered agent and agree in a figure of all studies relative to the proper and complete proper of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of the change.	perfort	nance of my	acity. I further agree to comply with the duties, and I am familiar with and accept
_ /	Division of Corporations P.O. B	30x 63	27● Tallaha	ssee, FL 32314

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