L13000175331

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
_		

Office Use Only



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11/15/18--01005--011 **25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

mae et me manned harming company.	I am		NAMAGE	ull(
134 EAST LAS OLAS	Blod #60	<u>5</u>) (1	11	7	
Principal office address of limited liability (Note: MUST BE STREET ADD)		>. '		Mailing address of limit (Note: MAYBE PG	
F+ Lauderdau FL					
12/20/2012		.	<u>L 1</u>	3000/7533	3/
Date of filing/registration in Flo	orida	4.		Document numbe	r
NAUE					
Registered Office Address (MUNT BE FLOR	RIDA STREET :	(DDRES.	<u></u>		10.7 1
Registered Office Address (MUST BE FLOR	<i>kidə</i> (<i>STREET -</i> , Fl.	(DDRES)	<u> </u>		**3 ** * * * * * * * * * * * * * * * * *
Registered Office Address (MUST BE FLOR	, F1.	(DDRES)	<u> </u>		
	, F1.				
Registered Agents Inc.	, FL				
Registered Agents Inc. Litter name of NEW Registered Agent and/or N	, FL				

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 win 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.

Printed or typed name of signee

Bell Inne

Signature of a member or antiborized representative of a member

the articles of organization or the operating agreement of the limited bability company