## 114000003271

(Requestor's Name)				
(Address)				
(/ (dd/c33)				
(Address)				
(City/	State/Zip/Phor	ne #)		
PICK-UP	WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Docu	ament Number	)		
Certified Copies	Certificate	s of Status		
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Special Instructions to Fi	ling Officer:			
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## **COVER LETTER**

Division of Corporations	
9216, LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Kylie Conrad & Kayla King	
Name of Person	
Corp1, Inc.	
Firm/Company	<del></del>
7700 E Arapahoe Rd Ste 220	
Address	<del></del>
Centennial, CO 80112	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Kylie Conrad	720 823-9273 at ( )
Name of Person	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 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.

I. Na	ame of the limited liability company: 9216, LLC		-	
2. (a)	8400 SW 54TH AVENUE	(b	8400 SW	54TH AVENUE
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33143	_	MIAMI, F	1, 33143
	01/07/2014		1.140000032	271
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number
). (u)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept of State	<del>.</del> ::
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS	2	-
	TALLAHASSEE, FL	32301-25	525	2024 APR -4 SECOLÓS
(b)	Registered Agents Inc			
(47)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	· fi ····
	7901 4th St N			FILED  1024 APR -4 AM 8: 12  SECRETARISME STATE  ALLEMAN SERVICES
	NEW Registered Office Address:			<b>5</b> 据 <b>7</b>
	Ste 300			-
	St. Petersburg, FL	33702		_
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of celes of organization or the operating agreement of the	registere bility co of the lim	d office and mpany, it is ited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	AN OZBOLT	SEA	N OZBOLT	
I here provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	ee to act performa I for in C pereby co	in this cape mee of my c Thapter 605 infirm that i	Printed or typed name of signee active. I further agree to comply with the luties, and I am Jamiliar with and accept, F.S. Or, if this document is being filed the limited liability company has been
	VID ROBERTS			
Signatu	re of Registered Agent			