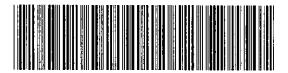
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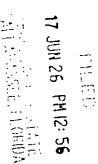
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							

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S. WARREN JUN 2 7 2017

COVER LETTER

Division of Corporations	
SUBJECT: <u>SLY BAR</u>	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
JOSEPH ROBER Name of Person	730N
Firm/Company	
330 3RD STREET ST Address	24TH #908
_SAINT PETERSBURG, P City/State and Zip Co	<u>=1. 3370/</u> de
E-mail address: (to be used for future	SMAIL.(OM) annual report notification)
For further information concerning this ma	tter, please call:
JOSEPH ROBERTSON Name of Person	at (727) 735-4035 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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	Name of the limited liability company:	RAS	7///			
) 2061 CENTRAL AVENUE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		330	3RD Mailing addre	57XEFT ess of limited liability BE POST OFF)	• •
	ST. PETERSBURG, FL 337/3	_ _	ST, 5 33 '		S BURG	•
3.	Date of filing/registration in Florida	4.	L14	Document	<u>⊘⊘⊘8</u>	>8
5. (a	A) JOSEPH ROBERTSON Registered Agent and Registered Office shown on the records of the management of the state of the sta		· _		<u>.</u>	17
	Registered Office Address (MUST BE FLORIDA STREET A 5. T. PETERSBURG. FL.	DDRESSI	70/	-		FILED JUN 26 PM12
(b	Enter name of NEW Registered Agent and/or NEW Registered Company NEW Registered Office Address:	Office add	<u>ress</u> :		HAN En	12: 56
	ST, DETERSBURG.FL	33	701			
the cl agent was/v	thimited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the limited street.	the regist bility cor f the limi	ered office npany, it is ted liability	and the bis hereby co y company	usiness office of infirmed that the	f the registered = change(s)
Sint	nature of a member or authorized epresentative of a member		JOSE	Printed or to	ORFRT Syped name of signer	<u> </u>
I her provi the or to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete politications of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	ee to act i performa for in C ereby cod	n this can	acity I fur	ther garee to co	ample with the
Signa	thre of Registered Agent					
	Division of Corporations ● P.O. B	ox 6327	Tallahas	see, FL 32	314	

FILING FEE: \$25.00