

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H16000098258 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)205-8842
Fax Number: (850)878-5368

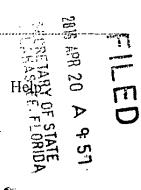
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE 2213 EASTMEADOWS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu



APR 21 2016

4/20/2016 11:58:41 AM From: To: 8506176383( 2/3 )

## COVER LETTER

	****	
FO: Registration Section	•	
Division of Corporations		
	•	
2213 EASTMEADOWS LLC		
SUBJECT:	11.11.11.	
Name of Limit	ed Liability Company	
Dear Sir or Madam:		
Dear 311 Of Wildram.	•••	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
The endicate registered Agent togetheres Office Change	a mid 100(b) die 20012tote 2011.	
Please return all correspondence concerning this matter to	o the following:	
Jennifer Tasevoll		
Name of Person		
	•	
CT Corporation		
Pi-/On-part	· <del>·········</del>	
Firm/Company	••	
20025		
900 Merchants Concourse Suite 405		
Address		
Westbury, NY: 11590		
	· · · · · · · ·	
City/State and Zip Code		
	•	
E-mail address: (to be used for future annual report	tinotification)	
For further information concerning this matter, please ca	111:	
Jennifer Tasevoli 885	8, 579-0286	
Name of Person	Area Code & Daytime Tolephone Number	
Name of Person	Area Code & Daytillo I dichione Authori	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
111111111111111111111111111111111111111	•	
Enclosed is a check for the following amount	*	
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
3377761. A. (6.15.15)	1	
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.

Principal office address of limited liability company:	741	
(Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	<u> </u>	
	<u> </u>	1
1/24/2014	L140	000013465
John A. Williams	4.	Document number
Registered Agent and Registered Office shown on the records	of the Florida Dept	of State:
Registered Office Address MUST BE PLORIDA STREE	T ADDRESS)	
Odessa	33556	ZING APR 20
Entarinama of NICN/ Davids and America 1/ NITN/ Davids		R 20
Sitter matter of MEAN Westerleb Visite and/or MEAN KGHRIST	red Office Address	THE P
C.T. Corporation System		ارزينس ا
NEW Registered Office Address:	·. · · · · · · · · · · · · · · · · · ·	ORIDE ORIDE
1200 South Pine Island Road		A
Plantation	EC. 33324	
	Date of filing/registration in Florida John A: Williams Registered Agent and Registered Office shown on the records Registered Office Address 7408 Van Dyke Road Odessa CT Corporation System NEW Registered Agent and/or NEW Register 1200 South Pine Island Road	Date of filing/registration in Florida 4.  John A. Williams  Legistered Agent and Registered Office shown on the records of the Florida Dept  Registered Office Address (MUST BE PLORIDA STREET ADDRESS)  7408: Van Dyke Road  Odessa , FL 33556  Enter name of NEW Registered Agent and/or NEW Registered Office address  C. T. Corporation System  NEW Registered Office Address:  1200 South Pine Island Road

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