Division of Corporations



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	Account Name : MACFARLANE FERGUSON & MCMULLEN	*** } 	320	
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LLC REGISTERED AGENT CHANGE CAMGAR, LLC

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HelpARRIS

STATEMENT OF CHANGE OF REGISTERED OFFICE OX 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: Camgar, LLC	· · ·	_		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 27827 Santa Anita, Boulevard		(ъ)	74	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7 Santa Anita, Boulevard
	Wesley Chapel, FL 33544	_			ey Chapel, FL 33544
	02/02/2017		1	14000	0017432
3.	Date of filing/registration in Florida	- 4.	-		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Natalie C. Annis Registered Office Address (MUST BE FLORIDA STREET) 201 North Franklin Street, Suite 2000			Dept. of S	2017 007
	Tampa .FI	3360)2	<u> </u>	- A A A A A A A A A A A A A A A A A A A
(b)	Enter name of NEW Registered Agent and/or NEW Registered James W. Goodwin NEW Registered Office Address: 201 North Franklin Street, Suite 2000	LOMce	រាជ់ប៉ា	<u>'est</u> :	
	Tampa	3360)2		
agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the reability of the limited	he S gist con imit d lis	ered off opany, j ed liabi obility c	fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in
•	ture of a member or authorized representative of a member				Printed or typed name of signoc
	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my postition as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor a for in hereby	act l rmai n Cl i coi	n this of no of m to ler o yirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed hat the limited liability company has been

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

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