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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations				
SUBJECT: Michele Plant Communication, LLC 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 this matter to the following:				
Michele Plant Krouse Name of Person				
Michele Plant Communications, LLC Firm/Company				
1544 Amoryllia Cir. Address				
Orlando, FZ 32825 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mintele Mont Kroupa at (407) 592-lololo 7 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Englosed is a shock for the following amounts				

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 a	ame of the limited liability company: Midel	le Plant Commun	ications, LIC		
2. (a)	1544 Amarullia Cir.	(b) 1544 f	(b) 1544 Amaryllis Cir.		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ing address of limited liability company:		
	Orlando, FL 32825	_ Otlasa	6, FL 32825		
3. 5. (a)	Date of filing/registration in Florida Michele Plot Kousa Registered Agent and Registered Office shown on the record	4. Document numbers of the Florida Dept. of State:	018894 er		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)			
		, FL_3 2835	SECHETARY DIVISION OF CO		
(b)	Michele Plant Krousa Enter name of NEW Registered Agent and/or NEW Registered	ered Office address:	TLEGE STARY OF STARY CORPORA		
	1544 Amary 11:8 Cir. NEW Registered Office Address:		TIONS		
	Orlosolo	, FL_32825			
the cha agent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	is of the registered office are defined liability company, it is he ers of the limited liability compart the limited liability compart liability comparts.	nd the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in		
I here provisi the object of the notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	l agree to act in this capaci lete performance of my dut vided for in Chapter 605, F s, I hereby confirm that the	ty. I further agree to comply with the ies, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been		

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