## L14000059399

(Requestor's Name)					
(Address)					
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(1RM 2-24-15

## **COVER LETTER**

	egistration Section vivision of Corporations			
SUBJEC		<del></del>		
	Name	e of Limite	ited Liability Company	
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered Office	ce Change	ge and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning thi	s matter to	to the following:	
Terence	e Delahunty		ָֿבָּ קֿ	7 St. 5
	Name of Person			15 FEB 13
Law Off	ices of Terence J. Delahunty, Jr	. P.A.		5.11.75
	Firm/Company		<del></del>	M 1:3
118 E. J	Jefferson Street, Suite 203			31
	Address			
Orlando	o, FL 32801			
	City/State and Zip Code			
terry@d	delahuntylegal.com			
E-m	ail address: (to be used for future annu	ial report n	t notification)	
For furthe	er information concerning this matter,	please call:	ıll:	
Terence	Delahunty	407	7 810-3352	
	Name of Person	_ \	Area Code & Daytime Telephone	e Number
R D C 20	TREET/COURIER ADDRESS: Legistration Section Vivision of Corporations Lifton Building 661 Executive Center Circle Fallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	nclosed is a check for the following	amount:	:	
V	\$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.

Na	me of the limited liability company: 1031 Connect	LLC		
(a) .	134 Riberia Street	(b) 134 Ribe		beria Street
(4) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#103	_	# 103	
	St. Augustine, FL 32084	<b></b>	St. Augu	ustine, FL 32084
	04/10/2014		<b>L140</b> 000	059399
(a)	Date of filing/registration in Florida  Alan S. Goedert	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of the 134 Riberia Street  Registered Office Address (MUST BE FLORIDA STREET A)			ate:
	# 103			75 F
	St. Augustine , FL	32084		
(b)	Karl D. Francetic			- Ω · · · · · · · · · · · · · · · · · ·
,	Enter name of NEW Registered Agent and/or NEW Registered (	Office ado	dress:	D 17:31
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Suite 300			_
	Orlando, FL	32801		_
e cha gent v as/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regined in the control of the limited in the li	stered office ompany, it ited liabilities iability con	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa .	ture of a member or authorized representative of a member	×	A.	Printed or typed name of signee
here rovisi ne obl	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change		in this am	macity I further agree to comply with the

Signature of Registered Agent