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To:

	Division of Cor	rp	orations				
	Fax Number	:	(850)617-6383			19	
From:							
	Account Name Account Number		REGISTERED AGENTS 120090000081	INC.		APR	
	Phone		(307)200-2803			0	
			(855)330-1010				
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**Enter the ema:	il address for t	th	is business entity	to be used	for f	นสีมิกต	ì
annual rep	ort mailings. E	nt	er only one email	address ple	ase:**	60	
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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. Na	me of the limited liability company: Agency 32	33 L	LC					
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	5764 North Orange Blossom Trail #164	5764 North Orange Blossom Trail #164						
	Orlando FL 32810		Orlando FL 32810					
	04/22/2014		L140000	65271				
3.	Date of filing/registration in Florida	4.	L	Document number				
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.						
J. (4)	Registered Agent and Registered Office shown on the records of th		Dept of State:					
	13302 WINDING OAKS COURT							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	51					
	SUITE A							
	TAMPA	33612	2	· : •• .	.: 1 9			
(b)	Registered Agents Inc.				kr. Pho. NoV	.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice ad	dress:	ب مربع مربع				
	7901 4th St N			17. 17.		Ē		
	NEW Registered Office Address.			1	j j j			
	STE 300			0>	6 0			
	St. Petersburg	33702	2					
the cha agent v was/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab $D \to t \to t$	he regi bility co the lin imited	stered office ompany, it is nited hability	and the business of hereby confirmed company or as of	office of that the	the registered change(s)		
Signa	nue of a member or authorized representative of a member	1×10	2	Printed or typed name	of signce			
provisi the obl to merc natifjed	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided elv reflect a change in the registered office address. I he is writing of this change. Bill Havre - Assistant	for in for in ereby c	ance of my d Chapter 605, onfirm that th	uties, and I am fai F.S. Or. if this de	miliar wi ocument	is being filed		

Signature of Registered Agent

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

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