## L 140000 65493

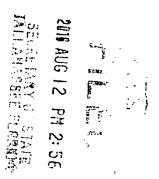
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
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1/2/19

## 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	ame of the limited liability company: <u>3rd Flo</u>	or Cellar	s, LLC
	Leel Knowlas, Jr.	(b)	Leel Knowles, Jr.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	30904 Dead Drive	<u></u>	30845 County Road 435
	Sorrento, FL 32776	<del></del>	Somewho, Fe 32776
	42114	,	L14000065493
3.	Date of filing/registration in Florida	4,	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	f State:
	Brandon Tyson		<del></del>
	Registered Office Address (MUST BE FLORIDA STREET A		
	801 International Prkmy,	Suto 500	
	Lalu Mary ,FL	32746	
	J		
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	(Ph)
	Leel Knowles, Jr.		PK 2: 56
	NEW Registered Office Address:		₩ 50 CC
	30845 County Road 435		<del></del>
	Sorrento ,FL	32776	
the cha agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will 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	the registered o ibility company f the limited lia limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
_	V		Trinica of typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address. It is din writing of this change	ee to act in this performance of I for in Chapter sereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signati	ire of Registered Agent		