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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Strata Group LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please 1	return all correspondence concerning this	matter to the	following:			
Christ	opher Longsworth	•				
	Name of Person	· · · · · ·				
Strata	Group LLC					
	Firm/Company					
4350 I	NW 8th Court Suite A					
•	Address		- 			
Planta	ation, FL 33317					
	City/State and Zip Code					
cl@in	vesca.com					
E-	-mail address: (to be used for future annua	l report noti	fication)			
For fur	ther information concerning this matter, pl	ease call:				
Christe	opher Longsworth	954 at (727-3639 x 304			
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			

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	Name of the limited liability company: Strata Group	LLC		
2. (a)	4350 NW 8th Court	(t	, 4350 N\	W 8th Court
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite A		Suite A	
	Plantation, FL 33317	<u> </u>	Plantatio	on, FL 33317
			L1400006	66201
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Chrisopher Longsworth			
J. (u	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Stat	- e:
	4799 NW 8th Court			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES:	<u>2)</u>	-
	Plantation, F	33317		16 JAN 29
(b)			··_	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	<u>dress</u> :	
	4350 NW 8th Court			3: 21 2: 21
	NEW Registered Office Address:			
	Suite A			-
	Plantation, F	_L 33317		_
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regi liability c of the lin	stered offic ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the oil to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	gree to ac e perform led for in I hereby c	t in this cap ance of my Chapter 60: onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent