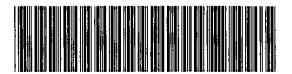
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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AUG 19 2015

COVER LETTER

TO: Registration Section Division of Corporations		
	110	
SUBJECT: Encounter UC		
· · · · · · · · · · · · · · · · · · ·	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
James Kubese Name of Person	<u>, L</u>	
Name of Person		
Firm/Company		
4 Willow Drive	44	
Address	·	
Producetown, M.	A 02657	
City/State and Zip Code		
E-mail address: (to be used for future annual r	C. COM report notification)	
For further information concerning this matter, plea	se call:	
	(508) 728-6575	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, 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.

гтогии.	
1. Nar	ne of the limited liability company:
2. (a) _	1556 NE 37 Street (b) 4 Willow Drive #4
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oakland Park, Fl 33334 Provincetown, MA 02657
	Caulana fanc, PO 1111 - Provincesour, 1114 0005 1
	05/05/14 L1400007321Z
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Corporation Service Company
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1201 Hays Street
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Tollahassee, FL 3230/-2525
41.5	Enter name of NEW Registered Agent and/or NEW Registered Office address: Hailing caddress'. Hailing caddress'.
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Mailing calaress.
	NEW Registered Office Address:
	4 WINGWYNNE
	1556 NE 37 Street #4
	Oakland Park ,FL 33334 Province fown MA
If the liv	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the char	nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/wei	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization or the operating agreement of the limited liability company.
Signati	are of a member of authorized representative of a member Printed or typed name of signee
I hereb	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the oblito mere	ons of all datules relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a change in the registered office address, I hereby confirm that the limited liability company has been
noujied	in writing of this change
Signatur	e of Registered Agent
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00