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SECRETARY OF STATE

NOV 24 2015 S. YOU'NG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JOSh Butler of al Name of Limit	Trades UC ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Johni Marie Fonseca Name of Person	<u></u>
Firm/Company 465 Plaza Drive Address	FILED SECRETARY OF TALLAHASSEE,
E-mail address: (to be used for future annual report	- STATE STATE STATE
For further information concerning this matter, please cal	
T 'M' T	52) 556-9180 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$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.

1.	Na	me of the limited liability company:	all Trades L	LC
2.	(a)	(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limite (Note: MAY BE POS	
		1803 College Park Dr	1803 College	Park Dr
		Tavares FL 32778	Tavares, FL	32778
		05/07/14	14000074211	0
3.		Date of filing/registration in Florida 4.	Document number	
5.	(a)	United States Corporation Agents, In. Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State:	
		13.30 2 Winding Oak Court A Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		Tampa, FL 33612		至85
		, FL		经营工
	(b)	Jonni Marie Fonseca		123 PI
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		PR F.
		465 Plaza Drive		ORIDATE TATE
		NEW Registered Office Address:		
		Eusts PL 32726		
		CI.		
		, FL		
the age was	chai nt w s/we	mited liability company is not organized under the laws of the State nge or changes are made, the Florida street address of the registered vill be identical. Or, in the case of a Florida limited liability company re authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability.	office and the business o y, it is hereby confirmed ability company or as oth	ffice of the registered that the change(s)
1		odu a Bute	10Sh Butter Printed or typed name	
//	-	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this.	••	J
pro the to i	visio obli nere	ly accept the appointment as registered agent and agree to act in the proper and complete performance of gations of my position as registered agent as provided for in Chapte ly reflect a change in the registered office address, I hereby confirm time this change.	s capacity. I further agree of my duties, and I am fan or 605, F.S. Or, if this do that the limited liability	to comply with the niliar with and accept cument is being filed company has been
Sig	nafur	of Registered Agent		