## <u>L140000 81141</u>

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K.SALY Examiner IUN 29

## **COVER LETTER**

Division of Corporations
SUBJECT: 8350 WRENROAD LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
í
Joseph Meyer Name of Person
Name of Person
8350 WREN ROAD LLC. Firm/Company
Firm/Company
19653 Inclian Mound Dr
19653 Inclian Mound 12v Address
Sugar 1049 Key F1. 33042 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 943-05 66  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \text{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	nme of the limited liability company: <u>9350</u> W	RENREAD LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) C/O Rowland M 5 mith 111  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Middle Torch Key, F1 33042	1800 Byberry Rd.
		Huntingdon Valley, Pa. 19006
	5/19/2014	L14000081141
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the F	
	Registered Office Address (MUST BE FLORIDA STREET ADD	RRSS)
		TALL SE
	Middle Torch Key . FL 3	3042  TALLAHESS  3042
(b)	Joseph Meyer  Enter name of NEW Registered Off	THE PROPERTY OF THE PROPERTY O
	19653 Indian Mand Dr. NEW Registered Office Address:	ORID.
	Sugarlouf Key , FL 33	3042
agent was/we	imited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabili- ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the lim	registered office and the business office of the registered ity company, it is hereby confirmed that the change(s) e limited liability company or as otherwise provided in
Signa	Soff a member or authorized representative of a member	Jeff D Asslundh Printed or typed name of signée
the obli to mer notifie	by accept the appointment as registered agent and agree to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here in writing of this change.	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
Signetü	re of Rogistered Agent	

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