L140000 81144

(Requestor's Name)					
(Address)					
(Ad	dress)				
-	/C7: /D-	- 40			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Do	cument Number)			
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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06/28/16--01027--018 **25.00



COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: 18518 OLIVE ROAD Name of Limit	(CCD) ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	to the following:		
-			
Joseph Meyer Name of Person	·	TS =	
18518 OLIVE ROAD CL	<u></u>	SECRETA	77
19653 Indian Mound Dr. Address		28 PN 12: 44 ART OF STATE SSEE, FLORIDA	
Sugar loaf Key Fl 33042 City/State and Zip Code	····	7.*************************************	
bobijo 777 @ Vahon, com E-mail address: (to be used for future annual report	t notification)		
For further information concerning this matter, please ca	Al:		
Name of Person	05 942-0566 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:/85)8	LIVE R	OAD LLC		
2.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) C/O Row on A M Smith 111 Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)		
		Middle Touch Key F133042	_1800	Byberry Road	<u> </u>	
			Hunt	ingdon Valley, Pa	. 19006	
		05/19/20:4		14000081744		
3.			1 .	Document number		
5.	(a)	Asplundh Teffrey				
	(,	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of Sta	ute:		
		3005 Stewart Bd				
		Registered Office Address (MUST BE FLORIDA STREET ADD)	RESS)	_	<u> </u>	
					SEC	
		Middle To 1 12	2000		AHA.	
		Middle Torch Key FL 3	3042	-		<u></u>
	(h)	Joseph Meyer			28 SSEE	ندا
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address:		<u></u>	Ö
					17 LY 17 17 17 17 17 17 17 17 17 17 17 17 17	
		19653 Indian Mound Dr		_	\$ \frac{1}{2}	
		NEW Registered Office Address:				
				_		
		Scharloof Key , FL 3	3042			
TC 4	L. 1!	/ /	f the State of E	ladda isia bamba aansimaad	Abad a Gam	
the	cha	mited liability company is not organized under the laws or nge or changes are made, the Florida street address of the	registered office	ce and the business office of t	that after the registered	
age	ent w	vill be identical. Or, in the case of a Florida limited liabili- tre authorized by an affirmative vote of the members of the	ity company, it	is hereby confirmed that the	change(s)	
the	arti	cles of organization or the operating agreement of the limit	ited liability co	mpany.	NOAIGER III	
		Jose D And		Tett O Asolund	4	
	•	ure of a member or authorized representative of a member		Printed or typed name of signee	,	
pro the to i	visio obli mere	ry accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for ly reflect a change in the registered office address, I here I in writing of this change.	o act in this cap formance of my r in Chapter 60 eby confirm tha	pacity. I further agree to con duties, and I am familiar wi 15, F.S. Or, if this document i t the limited liability compan	uply with the th and accept is being filed y has been	
Sie	natur	Charle Men-				
J.,	(Division of Cornerationse P O. Roy	<i>ር</i> 277 ቀ ጥልበ - ዜ-	Proper ET 22214		

FILING FEE: \$25.00