## 440000 92094

_	(Requestor's Name)								
(Address)									
_	(Address)								
(City/State/Zip/Phone #)									
	PICK-UP WAIT MAIL								
	(Business Entity Name)								
	(Document Number)								
C	ertified Copies Certificates of Status								
	Special Instructions to Filing Officer:								





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03/12/19--01014--026 \*\*25.00

2019 MAR 12 PM 6: 2: SECRETARY OF STATE FALL ARRESTED BY AREA



## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ANGO GLOBAL FLORIDA L					
Name	of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the i	following:			
MARSHA SIHA					
Name of Person	, , ,	_		2	
INCFILE.COM LLC		ACR ACR	2019 MAR 12		
Firm/Company		<del></del> -	医药	AR II	
17350 STATE HWY 249 STE 220			2 PH	E S	
Address			SIL	ؽ	Ć
HOUSTON, TX 77064			₹ <b>=</b>	27	
City/State and Zip Code		_			
EFILE1234@INCFILE.COM					
E-mail address: (to be used for future annual	ual report notif	ication)			
For further information concerning this matter,	please call:				
MARSHA SIHA	855 at (	829-9090			
Name of Person		Area Code & Daytime Telephone Nu	ımber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
Enclosed is a check for the following	amount:				
■ \$25 Filing Fee	□ S:	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. N	ame of the limited liability company: ANGO GLOB	BAL FLC	RIDA LLO				
2. (a)							
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-	<u> </u>	tailing address of li (Note: MAY BE)			;
	16700 Creek Bend Drive		16700 Cr	reek Bend Dri	ive		
	Sugar Land, TX 77478	<del>_</del>	Sugar La	ınd, TX 77478	8		
	06/09/2014		L14000092094				
3.	Date of filing/registration in Florida	4.		Document numb			
<b>c</b> (	<b>N</b>					2019	
5. (a)	Registered Agent and Registered Office shown on the records of Arroliga, Victor			2019 MAR 1	APPR FIA		
	Registered Office Address (MUST BE FLORIDA STREET  14450 NE8th Avenue		SSET	12 PM	ED NOVED		
	North Miami FI	33161			当当	6:27	
(b)	Enter name of NEW Registered Agent and/or NEW Registered  LEGALING CORPORATE SERVICES INC						
	NEW Registered Office Address:	`					
	5237 SUMMERLIN COMMONS SUITE 400	, 					
	FORT MYERS, FI	33907					
the chagent was/w	limited liability company is not organized under the la range or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the Melland Barrientes.  Melland Barrientes	f the registiability controls  of the lime limes limited l	stered office ompany, it is lited liability liability com	e and the busines s hereby confirm y company or as	ss office of the ned that the c s otherwise pi	ne regi: hange( rovideo	stered (s) d in
				Printed or typed n	•		
provis the ol- to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed by writing of this change.	e perjorm ed for in ( hereby co	ance of my a Chapter 605 onfirm that i	aunes, ana 1 am , F.S. Or, if this the limited liabi	agree to com Jamiliar with s document is lity company	ply with and a s being has be	h the iccept filed en
Signa	Duty Selimenti Patty Scl.	ime/ITi	- Presio	WIII			

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