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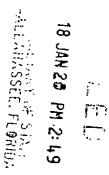
(Requestor's Name)					
(Address)					
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Southern Floir, da Export LLC Name of Limited 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:					
Rosald L. Dasis Name of Person					
Rona le L Davis G.A.					
16375 N.E 18 = A.	e				
Address					
North Mani Beach FlA 33162 City/State and Zip Code					
City/State and Zip Code					
Rordavis PA @ G 1991/ Com. E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ranald DAVIS at (305) 940-2352					
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	Tattaliassee, Florida 32314				
Enclosed is a check for the following amount:					
Of \$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.

1. Na	ime of the limited liability company: Sout	herer E	loizida 1	Export LLC	
2 (a)	16375 N.F 18 F Ave. N.M.1	B.FA331	6r SAME	,	
<i>L.</i> (<i>u</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	(/17/140.		1 11/4000	29 702 3	
3.	Date of filing/registration in Florida	4	Docum	9 9 702 3 ent number	
	EMMANUELY Gerz		•••		
). (a)	Registered Agent and Registered Office shown on the records	s of the Pioriua Dej	ot, of State:		
	16375 N.Z 18 MAVE N. M.	B. FIA.	3316L		
	Registered Office Address (MUST BE FLORIDA STREET			gN	
				16	
				JAN 26	
	<u> </u>	FL		SS	
(b)				SEE. F	
(- /	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u>s</u> ;	PH 2: 40	
	Ronald L. DAVIS			8080 840 641:	
	NEW Registered Office Address:		 -		
	16375 N. E 18 ª Ave				
	North Mun Berich	FL 33/	62		
the cha agent was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the operation of a member or authorized representative of a member	s of the registered liability comparts of the limited the limited liab	ed office and the any, it is hereby I liability company.	business office of the registere confirmed that the change(s) ny or as otherwise provided in	
provisi the obl to mere	by accept the appointment as registered agent and complons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to act in lete performanc ided for in Cha i, I hereby confi	this capacity. I e of my duties, a pter 605, F.S. C rm that the limit	further agree to comply with the nd I am familiar with and accep or, if this document is being filed red liability company has been	

Signature of Registered Agent