

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4107 NORTH HIMES, 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:

MELISA MARTIN

Name of Person

4107 NORTH HIMES, LLC

Firm/Company

4107 NORTH HIMES AVENUE, 2ND FLOOR

Address

TAMPA, FLORIDA 33607

City/State and Zip Code

MISSY@ROCHESURETY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISA MARTIN

at (813)

623-5042

Name of Person

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

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. Name of the limited liability company: 4107 NORTH HIMES, LLC
2. (a) 4107 NORTH HIMES, LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
4107 NORTH HIMES AVE, 2ND FLOOR
TAMPA, FLORIDA 33607
- (b) 4107 NORTH HIMES, LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
4107 NORTH HIMES AVE, 2ND FLOOR
TAMPA, FLORIDA 33607

3. 06/17/2014 Date of filing/registration in Florida
4. L14000097196 Document number

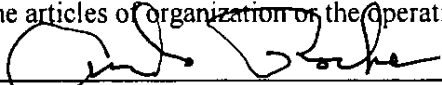
5. (a) MELISA MARTIN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4107 NORTH HIMES, LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1910 ORIENT ROAD
TAMPA, FL 33619

- (b) MELISA MARTIN
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4107 NORTH HIMES, LLC
NEW Registered Office Address:
4107 NORTH HIMES AVENUE, 2ND FLOOR
TAMPA, FL 33607

FILE
2015 JUL 14 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

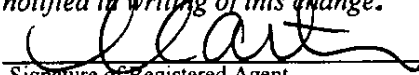
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

ARMANDO ROCHE

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent