L14000102083

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



700261740717

07/07/14--01050 --020 **25.88

SECRETARY STATES

LC RAPRO Change

JUL 24 2014

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: 4 aw cost 2 U Name of Limited Liability Company							
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:							
Thomas ODe. // Name of Person							
4/owcosTzu Firm/Company							
201 Chandler ST #817 Address							
Cape Canaveral, F1 32920 City/State and Zip Code							
E-mail address: (to be asked for future annual report notification)							
For further information concerning this matter, please call:							
Thomas O'De // at (702) 467-9698 Name of Person Area Code & Daytime Telephone N	 lumber						
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 & 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

Floria						
1. Na	time of the limited liability company: $4 \log \omega = 0.5$	st	2 U-	LLC		
	201 Chandler St #817			Chandler 5	T #8	17_
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	Nailing address of limited lie (Note: MAY BE POST O	ability compar	ıy:
	Cape Canqueral, Fl 32920		Cope	Canaveral,	F4.329	20
		•				
	7-1-2014	_	L14	10001020:	83	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	United States Corporation A Registered Agent and Registered Office shown on the records of the P	う <u>こ</u> れ Torida I	$\frac{t_s}{n}$:		
	13302 Winding Oaks Court			-		
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)				
	Suite A					
	<u> </u>					
	Tampa ,FL3	<u> 36</u>	15			
4.5	A. D. D. 11				1	300 200
(b)	Thomas O'Dell Enter name of NEW Registered Agent and/or NEW Registered Offi	ice addı	ress:		<u>;</u>	
					1	
	201 Chandler ST #817					
	NEW Registered Office Address:				177	
	Cape Canaveral, F1 329;	2.0			ö	
	Cape Capta Contract				9: 03	
	.FL 3	329	20			,
						_
the cha agent v was/we	imited liability company is not organized under the laws or inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the lim	regist ity cor le limit	ered office npany, it is ted liability	and the business offices hereby confirmed that company or as otherw	e of the reg t the change	sistered e(s)
	ture of a member or authorized representative of a member			mas Obell Printed or typed name of s	ignee	
I herei provisi the obl to mere	by accept the appointment as registered agent and agree to one of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for edge of the complete of the registered office address, I here it is a change of this change.	to act i forma ir in Ci eby coi	n this capa nce of my a hapter 605 nfirm that i	acity. I further agree t duties, and I am familio , F.S. Or, if this docun the limited liability con	o comply w ar with and nent is bein npany has l	ith the accept g filed Seen
Signatu	re of Registered Agent					