L14 000103162

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SECRETARY OF STATE

JQ oglala

COVER LETTER

TO:	Registration Section Division of Corporations			¢		
SUBJI	1331 NN LLC ECT:					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Chan	ge and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning the	iis matter	to the fo	llowing:		
David	C. Sweet					
	Name of Person			_		
	Firm/Company			_		
79 Dul	ke Street, #5					
	Address			_		
East G	reenwich, RI 02818					
	City/State and Zip Code			_		
desrpil	lc@gmail.com					
E	E-mail address: (to be used for future an	nual repor	rt notific	ation)		
For fu	rther information concerning this matter	, please ca	all:			
David	C. Sweet	4(at ()1	824-5154		
	Name of Person			Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	g 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.	Na	me of the limited liability company:				
,	(a)			(h)		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1331 N. N Street			79 Duke S	Street, #5
		Lake Worth, F1. 33460	_		East Green	nwich, RI 02818
		06/27/2014		l	.14000103	162
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)	David C. Sweet				
	(4.)	Registered Agent and Registered Office shown on the records of t Peninsula Plaza	he Flori	da I	Dept. of Stat	ic:
		Registered Office Address (MUST BE FLORIDA STREET)	DDRE.	<u>55)</u>		_
		2424 North Federal Highway, Suite 204				20 53
		Boca Raton, FL	33431			SECRETARY
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	dd.	Part'	λ∧ ⁽ ,
		Fine name of M.W. Registered Agent and/or M.W. Registered	CHICLE	<u>iuu</u>	css.	SSEP A T
		Peninsula Plaza				AHII: 46 OF STATE SEE, FL
		NEW Registered Office Address:				&
		2424 North Federal Highway, Suite 260	_			_
		Boca Raton . FL	33431			
age wa the	ange ent v s/wo arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li limited	rec con mit	l office an ipany, it is ed liabilit	Id the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
prè the to no	Tvisi obl mere tifice	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect, a change in the registered office address, I have the provided of the change in the registered office address, I have the change in the registered office address. I have the change in the registered of the change in the change i	ee to ac perforn I for in ereby (ct i nar Cł cor	n this cap ace of my c apter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
	ļ	Division of Corporations • P.O. 1 FILING F				ssee, FL 32314