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(Requestor's Name)	1
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

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nual report notif	ication)	SA TO		
, please call:		17. 10		
844 at (386-0178	王		
	Area Code & Daytime Telephone Nun	iber 💢		
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				
g amount:				
□ \$5	5 Filing Fee & Certified Copy			
	nual report notifice. please call: at (at Open Call) A mount:	in the Change and fee(s) are submitted for filing. In this matter to the following: In the properties of the following: In this matter to t		

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: Pied A Terre li	nterior	s LLC	
2. (a)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	556 North Clearwater Largo Rd	_	556 Nor	rth Clearwater Largo Rd
	Largo, FL 33770	_	Largo, F	FL 33770
	07/22/2014		L140001	115335
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES, INC.			
J. (u)	Registered Agent and Registered Office shown on the records of th	ie Florida	Dept. of Stat	ee:
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u> </u>	_
	556 North Clearwater Largo Rd			_
	Largo	33770		
(b)	LEGALINC CORPORATE SERVICES, INC.			-
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	dress:	SEP -5
	NEW Registered Office Address:			<u>-</u>
	5237 SUMMERLIN COMMON'S BLVD, SUIT	E 400		ē .
	FORT MEYERS . FL	33907		: <u> </u>
the cha agent was/w was/w the art Signs I here provis the ob- to mer notifie	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere authorized by an affirmative vote of a member of the liabered agreement of the liability of a member or authorized representative of a member of all statutes relative to the proper and complete plications of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	s of the he regis hility co the lim imited I JUL	State of Flotered officempany, it is ited liability corp. IANNE N	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in an appany. MARIE BOUDREAUX Printed or typed name of signee