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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Kenneth A. Bade, UC 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:				
Dora Steed Name of Person				
Parklane Real Estate Suc.				
5430 Spring Hill Drive				
Spring Will FL 34606 City/State and Zip Code				
dora de Parklaneres Com E-mail addressi (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Dora Steed at (727) 232-1/23 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee				
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

rioria	\mathcal{U} .			
I. Na	ame of the limited liability company: <u>Kenneth A. Bo</u>	ade, LL	<u>-C</u>	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) _/O20	of Olean taiting address of limi (Note: MAY BE PO Richey)	nder 5 ted liability comp ST OFFICE BO	oany: 9.X)
3.		000/158 Document number		
5. (a)	United States Corporation Agents Registered Agent and Registered Office shown of the records of the Florida Dept. of States 13302 Winding Oak Court	Inc.		
(b)	Registered Office Address (MUST REPLORIDA STREET ADDRESS) Tampa .FL 336/2 Parklane Beal Estate Servicas, L	LC	18 AUG SECRETAR TALLAHASS	**************************************
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 5430 Spring Lill Drive NEW Registered Office Address:		6 AM IO: 27 Y OF STATE EE, FLORIDA	
	Spring Will F1. 34606			
the cha agent v was/we	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is tre authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability company.	and the business of hereby confirmed company or as of	office of the re that the chan	egistered gc(s)
Signal	ure of a member or authorized representative of a member	7 41 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 criting of this change.

Signature of Registered Agent Fare and RES