L140001 2000 P





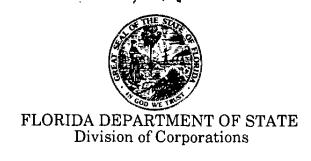
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MAY 16 2016 J SHIVERS





April 18, 2016

KEVIN L EVANS 17150 NORTHBAY RD UNIT 2115 SUNNY ISLES, FL 33160

SUBJECT: 7TH AGENCY, LLC Ref. Number: L14000120008

We have received your document for 7TH AGENCY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00007954

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Amendment Section

TO:

Division of Corporations			
7th Agency 11 C			
SUBJECT: 7th Agency, LLC Name of Corporation			
DOCUMENT NUMBER: L14000120008	· · · · · · · · · · · · · · · · · · ·		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Kevin L. Evans_			
Name of Contact Person			
7th Agency, LLC			
7th Agency, LLC Firm/Company			
47450 11 11 1			
17150 Northbay Road Unit #21 Address	15		
Sunny Isles, Florida 33160 City/State and Zip Code			
City/State and Zip Code			
Mrkevinevans@gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Karia I. Errana			
Kevin L. Evans Name of Contact Person	t (305) 502-3614 Area Code & Daytime Telephone Number		
Name of Contact Leison	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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.

rioriaa.		
1. Nar	me of the limited liability company:	IENT, LLC
2. (a) _	17150 NORTHBAY ROAS UNIT #2115 (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUNNY ISLES, FLORIDA 33/60	
		000/2,0003
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	FERGUSON, FRANKLINC, ESQ	_
!	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	7101 WEST COMMERCIAL BLVB, SUITE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_4A
	FORT LAUSERBALE , FL 333/9	- A A A A A A A A A A A A A A A A A A A
(b) _	GARY ALEXANDER JENKINS ESP	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	in the state of th	To P for
ė	17150 NORTHBAY ROAD UNIT #2115 NEW Registered Office Address:	PH CO
	registered Office Address.	AII 4
	SUNNY ISLES ,FL 33/60	-
If the lin	nited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
agent wi was/wer	inge or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability cles of organization of the operating agreement of the limited liability companies.	s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signatu	perol a member or authorized representative of a member	N 2. EVANS Printed or typed name of signee
I hereby	v accept the appointment as registered agent and agree to act in this cape	acity. I further garee to comply with the
provisión the obligato merel	ns of all statutes relative to the proper and complete performance of my egations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change.

Registered Agent