L14000121954

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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT:3100	filwaukee LLC
		Name of Limited Liability Company
D 5	C 	
Dear S	ir or Madam:	
The er	closed Registered Agent/Regist	red Office Change and fee(s) are submitted for filing.
Please	return all correspondence conc	ning this matter to the following:
!	Nathan Doyle	
	Name of Pers	<u> </u>
31	00 Milwaukee LLC	
	Firm/Compan	
	PO Box 120142	
	Address	
	West Melbourne, FL 32912	
	City/State and Zip	Code
c	oylenp@hotmail.com	
E	-mail address: (to be used for for	ure annual report notification)
For fu	ther information concerning thi	matter, please call:
Nath	an Doyle	at (<u>321</u>) 695-4175
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDR	SS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the fe	lowing amount:
	△ \$25 Filing Fee	□ \$55 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.

2. (a)		_ (b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	limited liability company: POST OFFICE BOX)
	3100 Milwaukee Ave	_		PO Box 120142	
	Melbourne, FL 32904	_		West Melbourne, FL	. 32912
	08/04/2014	•		L14000121954	
•	Date of filing/registration in Florida	4.		Document nun	nber
i. (a)	Max Davies				
	Registered Agent and Registered Office shown on the records of t	he Floric	la Dep	ot. of State:	
	D 1 1055 A 11 (MICT DE EL OPEDA CERCETA	DDDD)C\		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDKES</u>	<u>3)</u>		
	3100 Milwaukee Ave				
	Melbourne , FL	3290)4		<u>, 1</u>
					र्क
(b)	Nathan Doyle Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddroc	· · · · · · · · · · · · · · · · · · ·	\\ \\ \\ \\ \
	Lines mank of MENY Negoteten Agent and of MENY Negoteten	Office a	uuics	<u>s</u> .	16 JUH 27 19 7: 2
	NEW Registered Office Address:				-1
	2790 Filly Lane				2 7
	Melbourne , FL	3293	34		
he cha gent v vas/we he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the linited	istero comp mited liab	ed office and the busine any, it is hereby confired I liability company or a	ess office of the registere med that the change(s) is otherwise provided in
-	ture of a member or authorized representative of a member				
l herel rovisi he obl	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I i	ree to a perform d for in hereby	ct in i nanc Cha confi	this capacity. I further e of my duties, and I an pter 605, F.S. Or, if th rm that the limited liab	agree to comply with the n familiar with and acce is document is being file vility company has been

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

Signature of Registered Agent