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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LRAd Good	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jesse Nunez Name of Person		
RAGGOODS L	<u>rc</u>	
3298 Valemoor	DR	
Palm Harbor FL City/State and Zip Code	34685	
E-mail address: (to be used for future annua	nabay. M. Com al report notification)	
For further information concerning this matter, please call:		
LOEI NUNEZ Name of Person	at (727) 365-9004 Area Code & Daytime Telephone Number	
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	
Enclosed is a check for the following a	mount:	
\$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

` 0 0	1
1. Name of the limited liability company:	as lle
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)
3298 Volemoor DR	3298 Valemore De
Palm Harbor, FL 34685	Palm Harbor, FL 34685
8/8/2014 Date of filing/registration in Florida 4.	L14000124731 Document number
5. (a) NCORD SARVICES TWC Registered Agent and Registered Office shown on the records of the Florida I	Dept, of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	SECOND F
17888 67th Court North	Q
Loxahatchee ,FL 334	178
(b) LORI NUNEZ Enter name of NEW Registered Agent and/or NEW Registered Office add	12.5 10.00 1
	
NEW Registered Office Address:	
1397 Shady Oak LN.	
Tarpow Springs, FL 341	289_
If the limited liability company is not organized under the laws of the state change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability corwas/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited li	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
- lose by	Jesse Nunez
Signature of a member or authorized representative of a member I hereby accept the appearament as registered agent and agree to act provisions of all statutes relative to the proper and complete performa the obligations of my position as registered agent as provided for in C to merely reflect a change in the registered office address, I hereby contotified in whiting of this change.	Printed or typed name of signee in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signature of Registered Agent	

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

INHS18 (2/14)