L14000 148816

(Re	equestor's Name)						
(Address)							
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Pertified Copies Certificates of Status							
Special Instructions to Filing Officer:							
		ļ					





600288470226

07/29/16--01027--014 **25.00

16 JUL 29 FH 4: 12

N. HARRIE

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. Na	ame of the limited liability company: 1451 W. Cypress Cre	Super	hero	es Sis	terhou	کی در		
2 (a)	1451 W. Chares Cv.	ek Rd	(b)	1451	W. Cap	reis Crei	e K	Rd
2. (a)	Principal office address of limited lia	bility company:	_ (0).	Mai	ling address of lin	nited liability co	ompany:	<u> </u>
	(Note: MUST BE STREET A			`-	Note: MAY BE P			
	Fort Landerd	ale, Fl		Fort	Land	endale	<u>, F</u>	_
	***************************************	33309	- -				373	<u>2</u> 0
	9/23/14				14000	1488	- 16	
3.	Date of filing/registration in	Florida	4.	De	ocument numb	er		
5. (a)	Registered Agent and Registered Office show	cciano						
()	Registered Agent and Registered Office show	n on the records of the	e Florida D	ept. of State:				
	22/7 (gress Is Registered Office Address (MUST BE F)	lank Dr	., A	505 to				
	Pongano Bead	, F/ ·	330) 69				
		, FL_	330	69	•			
	Carmen D. O.	4				Ta/o -4		
(b)	Enter name of NEW Registered Agent and/o		Miss addr					
	Enter name of NEW Registered Agent and	NEW REgistered C	THE AGUI	<u> </u>			1 .	
	1451 W. Cyp+	ess Creel	IC R	d		29 PH 4: 12	off a f C	
	NEW Registered Office Address:	4				79 2		
	Fort Laudero	lale, F	/ 3	33309	7	PH 4: 12	े सम्बद्धि विकास	•
						<u> </u>	•	•
	•	, FL				15		
*0.1	limited liability company is not organi	1 1 1	641 0	4-4 CT1t		6"	L 60	
If the l	limited liability company is not organi ange or changes are made, the Florida	zed under the laws street address of the	s of the S he registe	tate of Florid	da, it is nereby	confirmed to office of the	nat after e registe	red
agent	will be identical. Or, in the case of a I	lorida limited liab	ility com	many, it is h	ereby confirme	ed that the ch	nange(s)	
was/w	ere authorized by an affirmative vote of organization or the operating	of the members of oreement of the li	the limited lia	ed hability c	ompany or as o	otnerwise pro	ovided ii	n
ino un		·B· ··································				うんせい		
Signa	ature of a member or authorized representative	of a member		P	rinted or typed nar	me of signee	-	
I here provis the ob- to mer	by accept the appointment as register ions of all statutes relative to the propligations of my position as registered ely reflect a change in the registered of in writing of this change.	ed agent and agree	e to act in erforman for in Ch ereby con	n this capaci ice of my du apter 605, F firm that the	ity. I further ag ties, and I am f S. Or, if this o c limited liabili	gree to comp amiliar with document is ty company i	ly with t and acc being fil has been	the cept led r
Signati	ire of Registered Agent							

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