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(P.	aquestor's Name)				
(Requestor's Name)					
(A	ddress)				
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(A)	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
_					
(B	usiness Entity Name)				
(D	ocument Number)				
Certified Copies	Certificates of	Status			
					
Special Instructions to Filing Officer:					
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2015 SEP 28 PM 4: 49

K. SALY EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE								
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the following:						
CH	HERYL DE LA O PIRRIE							
	Name of Person							
FEEDLEAGUE LLC								
	Firm/Company							
PC	D BOX 951120							
	Address	· · · · · · · · · · · · · · · · · · ·						
LA	KE MARY, FL 32795							
	City/State and Zip Code							
	HERYL@FEEDLEAGUE.COM							
E	-mail address: (to be used for future and	nual report notification)						
For fur	ther information concerning this matter	please call:						
CH	HERYL DE LA O PIRRIE	424 354 - 7261						
	Name of Person	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327						
	Enclosed is a check for the following 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.

1.	Name of the limited liability company: FEEDLEAGUE LLC					
2.	(a)	1216 LOBELIA DRIVE		(b)	РО В	OX 951120
2. (() .	Principal office address of limited liabi	• •	_ (0).	Mailing address of limited liability company:	
		(Note: MUST BE STREET AD)	<u>DRESS</u>)			(Note: MAY BE POST OFFICE BOX)
		LAKE MARY, FL 32746			LAKE MARY, FL 32795	
		OCTOBER 29, 2014			L1400	0168348
3.		Date of filing/registration in F	lorida	4.		Document number
5	(a)	CHERYL DE LA O PIRRIE				
٦.	(a)	Registered Agent and Registered Office shown	on the records of the	e Florida D	ept. of State	:
		8378 S TAMIAMI TRAIL				
		Registered Office Address (MUST BE FLO	ORIDA STREET AL	DDRESS)		
						. 2
		SARASOTA	, FL	34238		FIL SECRE TALLAR
	(b)	CHERYL DE LA O PIRRIE				28 Z
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			SHOP IT	
		1216 LOBELIA DRIVE			RY OF STATE	
	NEW Registered Office Address:			,		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
					· · · · · · · · · · · · · · · · · · ·	
		LAKE MARY	, FL	32746		
the age was the	cha int w s/we arti	vill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	reet address of the prida limited liab the members of the limeement of the limeement.	he registe bility com the limited mited lia	ered office npany, it is ed liability bility com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
		ure of a number or authorized terresentative of		a to act i	n this can	•
the to i	obli obli nere ified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agily reflect a change in the registered of Lin writing of this change.	r and complete p vent as provided	erforman for in Ch	ice of my c apter 605	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been