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COVER LETTER

Division of Corporations			
SUBJECT: SAW GURAN	PLLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
SAM WARY Name of Berson			
SAM CUALY PLLC Firm/Company	<u> </u>		
100 SE 12 AVE Address			
Porparo B.A. F.L. 3 City/State and Zip Code	3060		
E-mail address: (to be used for future annual rep	port notification)		
For further information concerning this matter, please call:			
Sam Curay at (954 8299384		
Name of Person/	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	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 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:	URRY PLLC
	b) 100 SE12 AVE DOMPANOF
Principal office address of limited Hability company: 33060 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: 3 3 0 0 (Note: MAY BE POST OFFICE BOX)
100 35 12 AUE	100 56 12AUE
DoupANO OBCH FL 33060	Paypero BuhFL 33060
11/18/2014 3	114000178601
3. Date of filing/registration in Florida 4.	Document number
5. (a) United States Coppopation Abor	
Registered Agent and Registered Office shown on the records of the Florid	la Dept. of State:
13302 WINDING OAKE COURT	
Registered Office Address (MUST BE FLORIDA STREET ADDRES	
SUHTE A	
TANDA FL 336	H-
- 17 for	PH
(b) SAW CURAN	
Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:
100 SE MAVE Pagarlo BO NEW Registered Office Address: 100 SE 12 AVE	H FL 33060
Dograno Boh FL 3	3060
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the linthe articles of aganization or the operating agreement of the limited	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
	SAM CURRY Printed or typed name of signee
Signature of a member or authorized reportentative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfort the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address, I hereby notified in writing of this change	at in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signature of Registered Agent	
Division of Corporations P.O. Box 632	?7• Tallahassee, FL 32314
FILING FEE: \$2	

INHS18 (2/14)