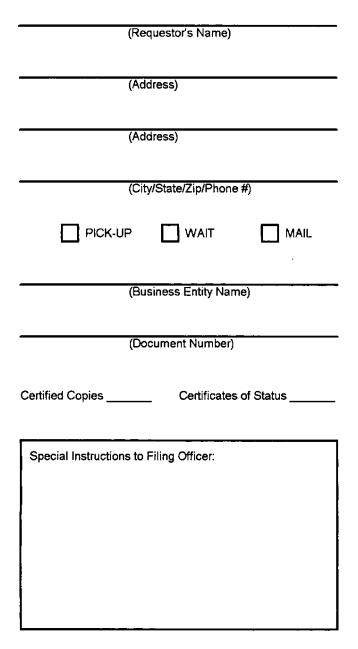
## 114000179948



Office Use Only



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O SIMMONS DEC 19 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2016

SUZANNE DRZEWECKI 4312 BEEKMAN PL SARASOTA, FL 34235

SUBJECT: LOW BAROMETER TRADERS, LLC

Ref. Number: L14000179948



We have received your document for LOW BAROMETER TRADERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent on line 5A must match what's on Department of State records.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Su Attached!

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 216A00025444

www.sunbiz.org



TO:

	Registration Section Division of Corporations							
SUBJEC	Low Barometer Traders, LLC							
	Name of Limited Liability Company							
Dear Sir	or Madam;							
The encl	osed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning th	is matter to the	following:					
Suzanı	ne K. Drzewecki							
	Name of Person		<del>_</del>					
	Firm/Company		<del></del>					
4312 B	eekman Place							
	Address		_					
Saraso	ota / Florida 34235							
	City/State and Zip Code		<del></del>					
suzdrz	@hotmail.com							
E-r	nail address: (to be used for future anr	nual report notif	ication)					
For furth	er information concerning this matter,	, please call:	<del></del>					
Suzanr	ne Drzewecki	941 at (	3514150					
	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			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
]	Enclosed is a check for the following	g amount:						
(	<b>2</b> \$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. Na	ame of the limited liability company: Low Barome	eter Tra	ders	, LLC					
2. (a)	2205 Tallavast Rd Unit 181		(b) 2205 Tallavst Rd Unit 181						
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	Tallavast, Florida 34270-7005		Ta	allavast	st, Florida 34270-7005				
	05/06/2016		51-	801700	06226-6				
3.	Date of filing/registration in Florida	<del></del> 4.			Document number		· · · · · · · · · · · · · · · · · · ·		
5. (a)	American Safety Council, Inc.								
J. (w)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5125 Adanson St. Suite 500			ot, of State	:	<b>16</b>			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					16 DEC 15 PK 4: 08			
	Orlando, I	FL_3280	4			6 5 P	in		
(b)	Suzanne K. Drzewecki					PH 4:	Ö		
• • •	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>s</u> :		03			
	4312 Beekman Place								
	NEW Registered Office Address:								
	Sarasota,	<sub>FL</sub> 3423	5						
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	of the reg liability s of the li he limited	gistero comp miteo I liabi	ed office any, it is I liability ility com	and the business of hereby confirmed to company or as other pany.	ffice of the r that the char	egistered		
Quanul Newech			Suzanne K. Drzewecki				<del></del>		
I here provis the obtained mer notifie	ture of a member of authorized representative of a member by accept the appointment as registered agent and a jons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	igree to a te perfor ded for it I hereby	ect in a manca Cha confi	this capa e of my a pter 605, rm that t	Printed or typed name of city. I further agree futies, and I am fam F.S. Or, if this doche limited liability of	e to comply	with the nd accept ing filed s been		
Signatu	ire of Registered Agent								