L14000192425

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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SWIMBOBIN &

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	CCT: FIFER FRIENDS LLC							
	Nan	ne of Limited Liability Company						
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
	ANDRO LANTERO	is matter to the following:						
	Name of Person							
	Firm/Company	 						
21 RE	ED CLOVER LANE							
	Address							
PALM	I COAST FLORIDA, 32164							
	City/State and Zip Code							
ALEX	INCENSE@HOTMAIL.COM							
E	-mail address: (to be used for future ann	nual report notification)						
For fur	ther information concerning this matter,	, please call:						
ALEA	NDRO LANTERO	305 785-3777						
	Name of Person	Area Code & Daytime Telephone Numb	ber					
	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 amount:							
	2 \$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	me of the limited liability company: FIFER FRIEN	DS LL	C				
2.	(a)	FIFER FRIENDS LLC	(b) FIFER FRIENDS LLC					
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		21 RED CLOVER LANE		21 RED	CLOVER LANE			
		PALM COAST FLORIDA, 32164		PALM C	COAST FLORIDA,	, 3216	34	
		DECEMBER 18, 2014		L140001	192425			
3.		Date of filing/registration in Florida	4.		Document number	·	· · · · · · · · · · · · · · · · · · ·	
5.	(a)	ALEJANDRO LANTERO						
J,	(<i>a</i>)	Registered Agent and Registered Office shown on the records of the	ne Florida	a Dept. of Stat	nte:			
		Registered Office Address (MUST BE FLORIDA STREET A 98 ROXBORO DRIVE	DDRESS	2				
		PALM COAST , FL	32164) E		
	(b)	ALEJANDRO LANTERO				70: X:- 	State of the state	
	•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office ad	dress:	Ω	o D .0	E O	
		NEW Registered Office Address:	···	-4-	- 25 25	: 32		
		21 RED CLOVER LANE			→			
		PALM COAST , FL	32164					
the age	cha ent v s/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the regineral bility confither the limited in	stered offic ompany, it i nited liabilit liability cor	ce and the business off is hereby confirmed the ity company or as other	fice of hat the	the registered change(s)	
Signature of a member or authorized representative of a member					Printed or typed name of signee			
the to	ovisi obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act perform! for in (ereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agree y duties, and I am fami)5, F.S. Or, if this doc t the limited liability c	e to coi iliar wi cument compan	mply with the ith and accept is being filed ny has been	
Si	znafu	re of Registered Agent						