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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Cor | | |
|---|--------------------------|--|
| SUBJECT:7 | ANTARqui | Restry LLC |
| | Nan | ne of Limited Liability Company |
| Dear Sir or Madam: | | |
| The enclosed Registered | l Agent/Registered Off | fice Change and fee(s) are submitted for filing. |
| Please return all corresp | ondence concerning th | nis matter to the following: |
| ANA | Pamine Name of Person | Z |
| | Name of Person | |
| ANTAI | rgs; Real To | y LLC |
| | Firm/Company / | / |
| 410 Cours | the Park Dr | L . |
| | Address | |
| WINTER O | ARDEN H | 34787 |
| *************************************** | /State and Zip Code | |
| CHARLY | 1022 @ 646 | nual report notification) |
| E-mail address: (to | be used for future ann | nual report notification) |
| For further information | concerning this matter, | , please call: |
| ANA. | RAMINEZ | _at(_95Y)_937-9945 |
| Name o | f Person | Area Code & Daytime Telephone Number |
| STREET/COU | RIER ADDRESS: | MAILING ADDRESS: |
| Registration Sec | tion | Registration Section |
| Division of Corp | | Division of Corporations |
| Clifton Building | | P.O. Box 6327 |
| 2661 Executive Tallahassee, Flo | | Tallahassee, Florida 32314 |
| | neck for the following | amount. |
| 1 | | |
| \$25 Filing Fe | :C | \$55 Filing Fee & Certified Copy |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED ETABLITY 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.

| I. Na | me of the limited liability company: ANTARQUI TEALTY LLC |
|--|---|
| | 410 Countles PARK Dr. WINTER GARDEN, FL (b) 410 COULTER BEE Dr. WINTER GARDEN |
| | Principal office address of limited liability company: 3 4 787 (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: 3 4 (Note: MAY BE POST OFFICE BOX) |
| | 2/11/15 L/50000 Z5783 Date of filing/registration in Florida 4. Document number |
| 3. | |
| 5. (a) | UNITED STATES CONFORDTON AGENTS, FINC: Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | 13302 WINDING OAK COURT TAMPA, A 33612 |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | |
| | TAMPA FI 33612 (25) |
| (b) | ANA RAMINEZ TO THE |
| , , | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | 410 Courtles Paric Dr. WINTER GARSON |
| | NEW Registered Office Address: |
| | WINTER GARDEN, FL 34787 |
| the cha agent w was/we | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. AND M. RAMING Z. Printed or typed name of signee |
| _ | |
| I herel provisi the obl to mere notified | w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change. |
| | |

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

Signature of Registered Agent