## L150000 Z8155

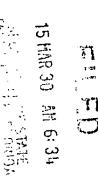
(Requestor's Name)				
(Address)				
(Address)				
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200271037362

03/30/15--01008--005 \*\*25.00



(PM) 421-15

## COVER LETTER

Division of Corporations		
6810-153 LLC SUBJECT:		
	of Limited Liability Company	
Dear Sir or Madam:	<b>د</b> .	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Carle III.		
Sorin J Lupu		
Name of Person	in the second of	
6810-153 LLC		
Firm/Company		
P.O. Box 60014		
Address		
Fort Myers, FL 33906	• • • •	
City/State and Zip Code	<del></del>	
ellen.kearney@yahoo.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ease call:	
Ellen Kearney	860 978-0005	
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 an	nount:	
<b>△</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

## 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. N	ame of the limited liability company: 6810-153 LLC		
2. (a)	9128 Strada Place #10115	(b) P.O. Box 60014	
<b>-</b> . (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34108	Fort My	ers, FL 33906
	02/15/2015	L150000	28155
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Sorin Lupu		
51 (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Sta	te:
	112 East Avenue		
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRESS)	_
			The on
	Naples	34108	
	, FL		- 29
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	9128 Strada Place		- E 6: 35
	NEW Registered Office Address:		
	#10115		_
	Naples .FL	34108	
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the atture of a member or authorized representative of a member above accept the appointment as registered agent and agreement of all statutes relative to the proper and complete	the registered office ability company, it of the limited liability consisted liability construction Sorin Lupu	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  Printed or typed name of signee
notifie	sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I led to my sting of this change.	d för in Chapter 60 hereby confir <b>m</b> that	15, F.S.' Or, if this document is being filed the limited liability company has been