## L1500030244

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

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2016

ANDREA SANTILLI 218 166TH STREET NE BRADENTON, FL 34212

SUBJECT: INTERACTIVE EXPLORERS, LLC

Ref. Number: L15000030244

We have received your document for INTERACTIVE EXPLORERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 216A00002048

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations	•						
SUBJECT: Interactive &	Explorer LIC						
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
	and for the land to the files						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
ANDREA Santille							
Name of Person							
Intractive Explorers,	<u> </u>						
218 1667 ST NE							
Bradenten FC 34  City/State and Zip Code	2/2						
E-mail address: (to be used for future annual repor	e explorers, com t notification)						
For further information concerning this matter, please ca	all:						
And rep Santilli at (9	14( 201 7727						
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 amount:							
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
INHS18 (2/14) Sent \$135							

## 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

rioria	<sup>(Q.</sup>					
1. Na	ame of the limited liability company:	nteracti	M Explo	vers,	200	
2. (a)	Interactive Explorers	. CLC (b)	I, te	rachin	£ 2	ylovers, L
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ıny:	_	g address of limi		
	218 1667 STNE	•	_	30x 11		
	Bradentini FL 34	2/2	Brai	Tenton	FL	342//
	2/23/15		215	500030	2 Y9	
3.	Date of filing/registration in Florida	4.		ıment numbe	r	
5. (a)	Registered Agent and Registered Office shown on the rec	ents, I	àc_			
	Registered Agent and Registered Office shown on the rec					
	Registered Office Address (MUST BE FLORIDA ST		4			
	Registered Office reduces The Part Part Part Part Part Part Part Part	KDD1 NOUKLOO				
	Tana	<sub>E</sub> 2	3612		20	
	1 ang	, FL <b>5</b>	01		<u>=</u>	
(b)	Andrew Junhali'	•		**************************************	FEB -	e-to-comp.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office add	ress:	33% 0 A2	ف	
	218 166Th ST NE.			RY OF STATE SEF. FLORIDA	ט	
	NEW Registered Office Address:			JATE DATE	<del>-</del> 0	
				A		
	Bradenton	_, <sub>FL</sub> 3 c	1212			
If the	limited liability company is not organized under	the laws of the	State of Florida,	it is hereby o	onfirme	d that after
the cha	ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin	ress of the regis	tered office and	the business	office of	f the registered
was/w	vere authorized by an affirmative vote of the mer	nbers of the limi	ted liability con	ipany or as of	herwise	provided in
	of organization sale operating agreement			A 57M	strick	<u>.</u> ,`
Signi	ature of a member of authorized representative of a member	r		ed or typed nam		
I here provis the ob to mer notifie	eby accept the appointment as registered agent of sions of all statutes relative to the proper and co- digations of my position as registered agent as p rely reflect a change in the registered office addi- ted in writing of this change.	and agree to act mplete performa provided for in C ress, I hereby co	in this capacity. nce of my duties hapter 605, F.S. nfirm that the li	I further ag s, and I am fa Or, if this d mited liabilit	ree to co miliar w ocument y compa	omply with the vith and accept t is being filed ny has been
Signati	ure of Registered agent					