## L1500004854V

Office Use Only



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S. WARREN NOV 0 3 2017 TO:

Registration Section Division of Corporations

SUBJECT: EXTERA !	LITA,	LLC.
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Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATO	IANI	LONG	
	Name	f Person	
EXTERA	WITA	1.1. C.	

Firm/Company

2131 SIESTA DRIVE Address

SARA SOTA, FL 34239
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATUAN J. LONG at (941) 404-8094

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

## 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: $EXTEF$	R A	VITA	LLC			
2. (a)			_ ′		1925	3	
	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		M	-	of limited liab	-	
	SARASOTA, FL34239		SARA		FL34		
		_		7			
				_			
3.	03 / 18 / 2015  Date of filing/registration in Florida	- 4.		<u>) () () ()</u> Document r	4854	6	
	SILBERSTEIN, DAVID I		·		idilloci		
J. (a)	Registered Agent and Registered Office shown on the records of t		Dept. of State:				
	1515 RINGUING BLVD Registered Office Address (MUST BE FLORIDA STREET A			)			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IUDKESS,</u>			Ξ£.	17 !	<b>5</b> ,
	SARASOTA .FL	2612	2 (2		1. H	NOV -2	<del></del>
(b)	Entername of NEW Registered Agent and/or NEW Registered	Office add	lress:			PM 2:	D
		<u>x</u>	<u></u>			: 27	
	2131 SIESTA DRIVE  NEW Registered Office Address:	<del></del>					
	registered Office Address.						
	SARASOTA .FL	342	-39				
If the li	mited liability company is not organized under the law nge or changes are made, the Florida street address of	s of the	State of Flor	rida, it is he	reby confirm	ned th	at after
agent w	fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	bility co	mpany, it is	hereby con	firmed that t	he cha	inge(s)
the artic	cles of organization or the operating agreement of the	limited l	~ ·		C 1 ( a )		· 0
Signat	ure of a member or authorized representative of a member		TATRI	Printed or typ	ed name of sign	107.3 nee	12
I hereb provisio	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	ee to act performe	in this capa ince of my d	city. I furth uties, and I	ier agree to am familiar	compl with	y with the and accept
to mere notified	ons of all statures relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have riging of this change.	i jor in C iereby co	napter 605, nfirm that ti	r.s. Or, ij he limited li	this aocume ability comp	nt is to	oeing jilea as been
	of Registered Agent						
Signatur	Division of Corporations P.O. B	tor 6227	▲ Tallakass	no El 222	1.6		
	FILING FI			CC, FL 323	17		

FILING FEE: \$25.00

INHS18 (2/14)