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(((H25000042953 3)))



H250000429533ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC REGISTERED AGENT CHANGE ST. PETE ENTERPRISES, LLC

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COVER LETTER

	gistration Section rision of Corporations								
SUBJECT:	ST. PETE ENTERPRISES, LLC	<u> </u>							
	Name of Limited Liability Company								
Dear Sir or	Madam:								
The enclose	ed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.						
Please retur	n all correspondence concernin	g this matter to t	he following:						
Alicia Richa	ırds								
	Name of Person								
Registered A	Agent Solutions, Inc.								
	Firm/Company		werten and the second						
Corporate C	enter One, 5301 Southwest Pkwy,	Ste 400							
	Address								
Austin, TX	78735								
_	City/State and Zip Coo	de							
E-mai	l address: (to be used for future	annual report no	tification)						
For further	information concerning this ma	tter, please call:							
Alicia Richa	rds	888 at (705-7274)						
	Name of Person		Area Code & Daytime Telephone Number						
Reg Div P.C	illing Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enc	closed is a check for the follow	ring amount:							
0 \$	325 Filing Fee	۵	\$55 Filing Fee & Certified Copy						
INHS18 (2/I	4)								

15129570210

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	ame of the limited liability company: ST. PETE ENTER	PRISES	S. LLC				
2. (a)	4751 PARK STREET NORTH		(b) 2588 Jannetides Blvd				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (· · · · · · · · · · · · · · · · · · ·	-	ess of limited liability company: AY BE POST OFFICE BOX)		
	SUITE 200	_	Greenfiel	ld, IN 46140			
	ST. PETERSBURG, FL 33709	_					
	4/1/2015		L1500005	8225			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)	HAFT, STUART J. ESQ.						
J. (u)	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of Sta	ate:			
	ALLEY MAASS ROGERS & LINDSAY PA						
	Registered Office Address (MUST BE FLORIDA STREET A)	_	₩. >				
	340 ROYAL POINCIANA WAY, STE 321		925				
	PALM BEACH , FL	_	FIL 025 FEB -4 SEGRETARS ALL MILESS				
(b)	Registered Agent Solutions, Inc.		FED LED				
,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				102 102 103 103 103 103 103 103 103 103 103 103		
	2894 Remington Green Ln.		9 9 P				
	NEW Registered Office Address:			_			
	Ste. A	_					
	Tallahassee, FL _	32308					
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	egister oility co the lin imited	ed office as ompany, it nited liabili	nd the busin is hereby co ity company mpany.	ess office of the registered infirmed that the change(s)		
/s/ Signal	James Januatides ture of a member or authorized representative of a member			Printed or ty	yped name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p- ligations of my position as registered agent as provided j ely reflect a change in the registered office address, I he d'in writing of this change.	e to ac erform for in v reby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I fur duties, and S. F.S. Or. the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been		
	Mackenzie Hibler, Asst, Secreta	ıry					

Signature of Registered Agent