## L150000 76122

 (Re	questor's Name)	·			
(Address)					
(Ad	ldress)	<del>-</del>			
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500283330575

03/18/16--01026--002 \*\*25.00



## **COVER LETTER**

Division of Corporations	5 5					
OLYMPUS SERVICES LLC						
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 m	latter to the	following:				
GEORGETA GAITA	•					
Name of Person		<del>_</del>				
OLYMPUS SERVICES LLC						
Firm/Company		<del></del>				
900 WEST AVE APT:7/3						
Address		<del></del>				
MIAMI BEACH, FL 33139						
City/State and Zip Code	<u> </u>	_				
getagaita@yahoo.com						
E-mail address: (to be used for future annual	report notif	ication)				
For further information concerning this matter, ple	ase call:					
GEORGETA GAITA	954 at (	6960734				
Name of Person		Area Code & Daytime Telephone Numbe				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di <sup>,</sup> P.0	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
Enclosed is a check for the following an	10unt:					
■ \$25 Filing Fee	<b>□</b> \$3	55 Filing Fee & Certified Copy				
INHS18 (2/14)						

## 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.

	me of the limited liability company: OLYMPUS SER 1321 PENNSYLVANIA AVE APT. 1 MIAMI BE				PENNSYLVANIA AVE APT. 1 MIAI
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	(b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	04/29/2015		- L	1500007	076122
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	GEORGETA GAITA				
/. (a)	Registered Agent and Registered Office shown on the records of the	Flori	da I	Pept. of State	ate:
	1321 PENNSYLVANIA AVE APT. 1 MIAMI BE	AC	Н		
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRE.	<u>(2.5</u>		<del>_</del> ,
					AS -
	F. 33	313	9		66 AR
	, FL				AHAN AHAN
(b)					SSE 18
	Enter name of NEW Registered Agent and/or NEW Registered Off	fice :	ıddı	'ess:	OF SI
					SIA
	NEW Registered Office Address:				
	900 WEST AVE APT. 713 MIAMI BEACH				·
	300 VESTAVE ALT. TIS WILAWII BEKOTT				<del></del>
	, FL 33	313	9		
	/	•			
the cha agent v was/we	imited liability company is not organized under the laws unge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	e regility he li nite	gist cor imit d lia	ered office npany, it i ted liabilit ability con	ce and the business office of the registers is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
	E Most		4	GE0,	Printed or typed name of signee
-	ture of a member or authorized representative of a member				
provisi the obl to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided fo ely reflect a change in the registered office address, I her d in writing of this change.	to a erfor for in reby	nct i ma i Ci coi	n this cap nce of my hapter 60: nfirm that	spacity. I further agree to comply with the y duties, and I am familiar with and access. Or, if this document is being file at the limited liability company has been

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

Signature of Registered Agent