15000108692

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Ĉit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900276499629

08/31/15--01012--010 **25.00

SECRETARY OF STATE FALLAHASSEE. FLORIDA

FILED

K.SALY EXAMINER SEP — 3 2015

COVER LETTER

то:	TO: Registration Section Division of Corporations					
SUBJECT: Cinchtions lations LLC Name of Limited Liability Company						
Dear Si	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:						
	Dayle L Witcher Name of Person					
	Em Cinchtranslation Firm/Company	15 LLC				
3101 5W 34th St. Address						
Stut 905-453 Ocolo F1 34474 City/State and Zip Code						
E-mail address: (to be used for future Innual report notification)						
For further information concerning this matter, please call:						
Doyle Witcher at (352) 484-5403						
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MAILING ADDRESS:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations P.O. Box 6327				
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
•	Tallahassee, Florida 32301	rananassee, rionda 32314				
`	Enclosed is a check for the following amount:					
	\$25 Filing Fee	☐ \$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.

1 No	ame of the limited liability company:	tions	LLC	
2. (a)		o)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1	Mailing address of limited li	OFFICE BOX)
	3101 SW 34th St.	3101	50 34th s	it.
	Ste #905-453 Ocole F134474			
	6-23-15	<u> </u>	50001086	32
3.	Date of filing/registration in Florida 4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida	a Dept. of State	- 9:	,
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	27	-	25
	3240 SU 34th St. Apt. 121		ACC.	5 7
	Dcola ,FL 34	1474	PHE PAR	F1L1
4.	Doyle L Witcher		SEE	m g
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office ad	dress:	AHASSEE, FLORIUF	PHZ: 15
	NEW Registered Office Address:		-	
	3101 SW 34th St. Ste #90	<u> 5-45</u>	. 3	
	Ocala ,FL 34	474		
the cha agent v was/we	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the regivill be identical. Or, in the case of a Florida limited liability or ere authorized by an affirmative vote of the members of the limited icles of organization or the operating agreement of the limited	stered office ompany, it is nited liability liability con	e and the business offices hereby confirmed that y company or as other apany.	ce of the registered at the change(s) wise provided in
Signa	ture of a member or authorized representative of a member	120 y	Printed or typed name of s	signee
provisi the obl to merc	by accept the appointment as registered agent and agree to accept on a statutes relative to the proper and complete perform igations of my position as registered agent as provided for in early reflect a change in the registered office address, I hereby a din writing of this change	t in this can	acity. I further goree t	to comply with the
Signatu	re of Registered Agent			
	Division of Corporations P.O. Box 632	7● Tallahas	see, FL 32314	

FILING FEE: \$25.00

BILLIAN ALLA