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## TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_EDNAP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Claudette Fornuto

Name of Person

Trenam Law

Firm/Company

200 Central Avenue, Suite 1600

Address

St. Petersburg, FL 33701

City/State and Zip Code

sandrineg1@yahoo.com

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

For further information concerning this matter, please call:

Claudette Formito

Name of Person

\_) <u>824-6203</u> Area Code & Daytime Telephone Number 1 C 304

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STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## MAILING ADDRESS:

at ( 727

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## Enclosed is a check for the following amount:

S25 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.

	ame of the limited liability company:EDNAP, LLC				
2. (a)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3	07/10/2015 Date of filing/registration in Florida		L15000119321 Document number		
3.		4.	Document humoer		
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florida Dept. (	of State:		
	2206 Bay Club Circle				
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> )	<u>ADDRESS)</u>	2018 TALL		
	Tampa FL	33607	AUG 31		
(b) _	) TK Registered Agent, Inc.			m	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	1 3: 52 108:07 108:07		
	101 E. Kennedy Boulevard, Suite 2700			•	
	NEW Registered Office Address:				
	Tampa				
the cl agent was/v the ar	limited liability company is not organized under the lar nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the CAUAU ATA	f the registered ability compan of the limited li limited liabilit	office and the business office of the y, it is hereby confirmed that the cha ability company or as otherwise pro y company. Ilaudette Fornuto	registered inge(s)	
-	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi the of to me	eby accept the appointment as registered agent and agi sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	ree to act in thi performance o d for in Chapte hereby confirm	s capacity. I further agree to compl of my duties, and I am familiar with a 605, F.S. Or, if this document is b that the limited liability company h	y with the and accept being filed as been	

Signature of Registered Agen

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