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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Cil Sytter IC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Anthony Nieblas Name of Person			
Coil Buffer IIC Firm/Company			
9150-49th ST, STE I Address			
Pinellas Park, FL 337 City/State and Zip Code	84		
E-mail address: (to be used for future annual rep	Com ort notification)		
For further information concerning this matter, please	call:		
Name of Person at (747) UJJ-3847 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 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. Name of the limited liability company:	Butter 11C
2. (a) 9150 49th Stal	(b) 9150 Ugth st N
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
S7e, I	Ste, I
Pinelius Park, FC 3378.4	Pinellus Park, FC, 3378
08/3/2015	L15000 1319 26
3. Date of filing/registration in Florida	4. Document number
5. (a) Shelfon, Jareny J, ESQ	
Registered Agent and Registered Office shown on the records of the	· · · · · · · · · · · · · · · · · · ·
1126 Central Ave	
Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)
STE 100	
ST. Petersburg, FL	33705 HAR 20
(b) Anthony Nieblas	R 20
Enter name of NEW Registered Agent and/or NEW Registered O	
9150 419th 5+ 2	STATE 20
NEW Registered Office Address:	
STE, I	· ·
Pinellas Parm , FL	33784
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the line	ne registered office and the business office of the registered offity company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in mited liability company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
(
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	rio act in this capacity. I further agree to comply with the arformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been
Signature of Registered Agent	
	(205 T. H. I
✓ Division of Corporations P.O. Bo	x 052/● Tallanassee, FL 52514

FILING FEE: \$25.00