11500/35784

| (Requestor's Name) | | | | | | | |
|---|----------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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2018 MAR I U A 9: 51 SECRETARY OF STATE ALLAHASSEE, FLORID

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| SECRETA | 2016 NAA | |

Registration Section TO: Division of Corporations

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 matter to the following:

Jessica C. Bettrami Name of Person

6531 SE Federal HWY #F-201
Address

INFOTCART@ 9mail · Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

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. | Naı | me of the limited liability company: | († | | LC | | | | |
|--------------------|-----------------------|--|--------------------------------------|------------------------------|--|--|---|---|--|
| 2. (| a) _ | 5554 SW 6th street | _ (| b) <u></u> | 1627 | - SW: | Nack | mar | 1 Terract |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | - | | | oility company: FICE BOX) |
| | | Margate-FL 33068 | - | _(| Port | St. Lu | ül, | FL | , 34953 |
| | | | _ | _ | | | | | |
| | | 08/10/2015 | | 1 | 1500 | 00135 | 7 84 | | |
| 3. | | Date of filing/registration in Florida | 4. | | 1000 | Docume | | er | |
| 5. | (a) | Jessica Contrino | | | | | | | |
| | | Registered Agent and Registered Office shown on the records of the | e Florio | ia De | pt. of Sta | te: | | | |
| | | 5554 SW 6th street | | | · · · · · · · · · · · · · · · · · · · | _ | | | |
| | | Registered Office Address MUST BE FLORIDA STREET AL | <u>ODRES</u> | <u>(S)</u> | | | | | |
| | | | | | | | _ | | |
| | | Margate ,FL | 3 | <u>3(</u> | <u>8 V C</u> | _ | SEC | 2016 | |
| (| b) . | Jessica C. Beltrami | | | | _ | RE TAI | MAR | Incinence I.I |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office a | <u>ddre</u> | <u>ss</u> : | | SEE, | Ξ | |
| | | 10531 SE Federal Hwy , #17 | = oc | 11 | | | F SI | \triangleright | O |
| | | NEW Registered Office Address: | | | | _ | ATERIDA | අ 2 අ | ţ |
| | | | <u> </u> | | | | | | |
| | | Stuart , FL | <u>3</u> L | 19 | 97 | _ | | | |
| the ages | chai nt w /we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of ti ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of sles of organization or the operating agreement of the li | he reg oility o the lis | ister comp mite | red offic pany, it d liabili | e and the is hereby ty compar | business confirme | office ed that t | of the registered the change(s) |
| | | B | | J | essic | a B | | | |
| | _ | ure of a member or authorized representative of a member | | | .1 . | | r typed nai | _ | |
| pro the to n | visio obli vere | ry accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he witting of this change | e to a perform for in ereby | ct in nanc Cha conf | this cap ce of my apter 60 arm that | pacity. I f duties, ar 5, F.S. O the limite | urther a nd I am f r, if this ed liabili | gree to amiliar docume ty comp | comply with the with and accep ent is being filed pany has been |

Signature of Registered Agent