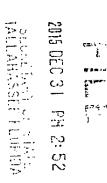
L15000137867

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				
Recid	12/31/15	!		
		i		

Office Use Only



200280120192



01/05/16--01014--008 **25.80

JANO 5 2016 J. HARRIS

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	327 Tamiami Trail				
SOBOL		Name of Limited Liability Company			
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this m	atter to the f	following:		
Edwa	rd L. Wotitzky, Esq.				
	Name of Person		_		
Wotitz	zky, Wotitzky, Ross & McKinley, P.A.				
	Firm/Company	···	_		
223 T	aylor Street - Suite 121				
	Address		_		
Punta	Gorda, FL 33950				
	City/State and Zip Code		_		
	zky@wotitzkylaw.com				
Е	-mail address: (to be used for future annual	report notifi	cation)		
For fur	ther information concerning this matter, ple	ase call:			
Edwa	rd L. Wotitzky, Esq.	941 at (639-2171		
	Name of Person	\	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following an	iount:			
	■ \$25 Filing Fee	□ \$5	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.

l. Na	me of the limited liability company: 327 Tamiami	Trail, LLC		
2. (a)	327 Tamiami Trail	(b) 334 W. Olympia Avenue		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Punta Gorda, FL 33950	— <u>P</u> u	inta Gorda, FL 33950	
	August 12, 2015	 L15	5000137867	
3. 5. (a)	Date of filing/registration in Florida Curtis Littlecott	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of to 334 W. Olympia Avenue	the Florida Dep	t. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	Ac 20 55 ac	
	Punta Gorda , FL	33950		
(b)	Brenda J. Lynch		(Section 2)	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	PH 2: 5	
	NEW Registered Office Address:		 등 등 원	
	Putna Gorda , FL	33950		
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability compo of the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. J. Lynch	
I here provisi the obi to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is d in writing office change.	ree to act in i performance d for in Cha hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	