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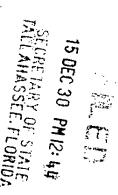
(Requestor's Name)						
(Address)						
(Address)						
((City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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JAN 0 4 2016 SHIVERS

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•			
SUBJI	Connection Advantage LLC					
	Name	of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and fee(s) are submitted	for filing.			
Please	return all correspondence concerning this	matter to the following:				
Chris	topher Long					
	Name of Person					
Conn	ection Advantage, LLC					
	Firm/Company					
4116	Santa Barbara Blvd					
	Address					
Cape	Coral, FL 33914					
	City/State and Zip Code					
steph	anie@conadvllc.com					
E	-mail address: (to be used for future annu	al report notification)				
For fu	ther information concerning this matter,	lease call:				
Chris	topher Long	239 233.0186				
	Name of Person	<u> </u>	ime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	as			
	Enclosed is a check for the following amount:					
	△ \$25 Filing Fee	□ \$55 Filing Fee & Certi	fied 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

(a)	me of the limited liability company: Conne			
(a) _	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		(b) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida		4.	Document number
(a)	Registered Agent and Registered Office shown on the	records of the F	lorida Dept.	of State:
		<u>-</u> .		
	Registered Office Address (MUST BE FLORIDA	STREET ADD	<u>RESS)</u>	Ass -
				5 DEC
	· · · · · · · · · · · · · · · · · · ·	, ۴ և		TARY ASSE
(b) .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Off	ce address:	THE PROPERTY OF THE PROPERTY O
	Stephanie Anderson			PM 12: 44 OF STATE E. FLORID
	NEW Registered Office Address:			>
	4116 Santa Barbara Blvd		<u>.</u>	
	Cape Coral	, _{FL} 33	914	
char ent we s/we artic	imited liability company is not organized undinge or charges are made, the Florida street a will be deningal. Or, in the case of a Florida ere authorized by an affirmative vote of the molecular class of organization or the operating agreement of a member of authorized representative of a member of the appointment as registered agent	der the laws of the limited liabil nembers of the limited limi	of the State registered ity compare limited liability	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. The printed or typed name of signed as a capacity. I further agree to comply with the
	Ty reflectly charge in the registered office at it in writing of this change. Te of Re <u>listeral Aga</u> nt	ddress, I here	eby confiri	of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been

FILING FEE: \$25.00