

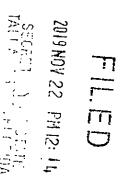
(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJF	199 HIGHWAY, LLC						
		f Limited L	iability Company				
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this m	atter to the	following:				
Aaror	n Enzor						
	Name of Person		_				
VPS S	Services LLC						
	Firm/Company		_				
651 N	I. Broad St. Ste 308						
	Address						
Middle	etown DE 19709						
	City/State and Zip Code						
comp	liance@agilelegal.com						
Е	-mail address: (to be used for future annual	report notil	ication)				
For fur	ther information concerning this matter, plea	ase call;					
Aaron	Enzor	302	376-6710				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section		AILING ADDRESS: gistration Section				
Division of Corporations			Division of Corporations				
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314					
	2661 Executive Center Circle						
	Tallahassee, Florida 32301						
	Enclosed is a check for the following am	ount:					
	☑ \$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. Na	me of the limited liability company: 199 HIGHWAY	Y, LLC					
2. (a)	3030 N. ROCKY POINT DR.	(h	3030 N	I. ROCKY PO	INT DR.		
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,,		Mailing address of (Note: MAYBE		•	
	STE 150A		STE 15	0A			
	TAMPA, FL 33607	_	TAMPA	A, FL 33607			,
	09/11/2015		L150001	155624			
3.	Date of filing/registration in Florida	4.		Document nun	nher		
5. (a)	NORTHWEST REGISTERED AGENT LLC.						
,	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of Sta	ule:			
	7901 4TH STREET N						
Registered Office Address (MUST BE FLORIDA STREET AL				_	=1	2(
	SUITE 300				25	191	
	ST.PETERSBURGFL	33702		-	• •	2019 NOV 22	
(b)	Global Virtual Agent Services, Inc.				, ,	2 Pi112: 14	iΠ
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:			<u>55</u>	
	5702 Tanagerlake Rd					+-	
	NEW Registered Office Address:	· • ·	_	_			
	Lithia FL	33547	<u> </u>	_			
Signat I herel provisith of mere	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative yete of the members of cles of organization or the operating agreement of the liable of immember or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete parations of my position, as registered agent as provided by reflect a change in the registered office address. I he fin writing of this change.	he regis oility con the limi imited li ee to act performa for in C	iered offici upany, it ted liabili ability con in this cap nee of my hanter 60	re and the busine is hereby confirm ty company or as mpany. Printed or typed received the factor of	ess office comed that the sotherwise office of the sound of sign agree to confidential statement of the sound	of the ine change proved to a	with the

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

Signature of Registered Agent