L15000/160177

(Requestor's Name)
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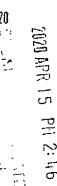


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COVER LETTER

TO: Registration Section Division of Corporations		
NAGUTOR LLC SUBJECT:		
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Horacio Gomez Beret		
Name of Person	· 	
Nagutor, LLC		
Firm/Company		
7160 102nd Ln		
Address		
SEMINOLE, FL 33772		
City/State and Zip Code		
gomez@nagutorconsulting.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	ill:	
Horacio Gomez Beret 21	5 771-8066	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
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.

I. Na	nme of the limited liability company:				
2. (a)	7160 102nd Ln, Seminole, FL 33772	(H	7160 102nd Ln, Seminole, FL 33772		
(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)	
3.	September 14, 2015 Date of filing/registration in Florida	 4.	L15000160	177 Document number	
	REGISTERED AGENTS INC	7-		Bootiment number	
i. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	2020 AFR		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	Ù	- 5	
	7901 4TH STREET NORTH, Suite 300			P :	
	ST. PETERSBURG	33702		1 2: 46	
(b)	Enter name of NEW Registered Agent and/or NEW Registered (NEW Registered Office Address: 7160 102nd LN	Office ad	dress:	- -	
	SEMINOLE .FL	33772			
hange igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. On in the case of a Florida limited liabere authorized by arfaffirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co ithe lim imited l	ed office and mpany, it is ited liability	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.	
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee	
provisi he obl o merc totified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as regimered agent as provided ely reflect a change in the registered office address. I he if in writing of this change.	e to act performa for in C ereby co	in this capa ance of my d Chapter 605, onfirm that t	ucitv. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	

FILING FEE: \$25.00

INHS18 (2/14)