## 115000/6/625

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## COVER LETTER

Division of Corporations,
SUBJECT: 6 eq Sou Six LLC  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:
James Oleason
Name of Person
Firm/Company
321 Old East Lake Rd
Address
City/State and Zip Code 1 54688
32101d East Lake Rd  Address  Tarpon Springs FL 34688  City/State and Zip Cole  gleason 321@amall.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Gleason at 727 808-3882  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 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/ea 1. Name of the limited liability company: Principal office address of limited liability company Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. el 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE PLORIDA STREET ADDRESS) Suite 214 160304 Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. James of a member or authorized representative of a member Printed or typed name of signee Signat I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified providing of this charge.

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; \$25.00

INHS18 (2/14)

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NECRETARY OF STATE

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