L15000166791

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations			
SUBJECT: Ahead of Comp. 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:			
Denrick Joseph			
Name of Person			
Ahead of Comp. LLC Firm/Company			
Firm/Company			
5965 Stirling Road, Suite 109 Address			
Address			
Davie, FL 33314 City/State and Zip Code			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Denrick Joseph at (305) 741-9312 Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations 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 & 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: <u>Ahead of Comp, LLC</u>
2.	(a)	(b)
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		5170 SW 40th Ave, #27E 5170 SW 40th Ave, #27E
		Dania Beach, FL 33314, Dania Beach, FL 33314
		9/30/2015 L15000166791
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Joseph, Denrick
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Joseph, Denrick
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		5170 SW 40th Ave, 27E
		5170 SW 40th Ave, 27E Dania Beach FL 33314
	<i>a</i> >	6
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		SS: N
		NEW Registered Office Address:
		Not registered office radiess.
		5965 Stirling Road, Suite 109
		<u>Davie</u> , FL 33314
the age wa	cha entw s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	<u>ノ</u> (week Joseph Denrick Joseph
	-	ure of a member of authorized representative of a member Printed or typed name of signee
prothe to i	ovisie obli mere tified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
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