## LF000168281

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
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SECRETABLY OF STATE

S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	SUBJECT:  Name of Limited Liability Company						
	Nar	ne of Limited	Liability Company				
Dear !	Sir or Madam:						
The e	nclosed Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for filing	ŗ.			
Please	e return all correspondence concerning th	nis matter to th	e following:				
April	Gillmore						
	Name of Person	<u> </u>					
Click	First Marketing LLC			SECRETALLES			
	Firm/Company			意思でも			
5116	N Central Ave			EC-7 RESTA			
	Address			高い 第25 第25 第25 第25 第25 第25 第25 第25 第25 第25			
Tam	pa, FL 33603			5部 コ			
	City/State and Zip Code	<del></del>					
april(	@gillmorellc.com						
	E-mail address: (to be used for future and	nual report not	ification)				
For fu	orther information concerning this matter	, please call:					
April	Gillmore	813	240-0755				
	Name of Person		Area Code & Daytime Tele	phone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	g amount:					
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Cop	y			

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. Name of the limited liability company: ClickFirst Marketing, LLC							
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  5116 N Central Ave  Tampa, FL 33603		(b)	5116 N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Central Ave  FL 33603		
3.	10-2-15  Date of filing/registration in Florida	 _ 	L	1500010	68281  Document number		
٥.	Date of Hing/registration in Plotida	ч.			Document number		
5. (a)	Registered Agent and Registered Office shown on the records of Joseph R Fritz  Registered Office Address (MUST BE FLORIDA STREET)  4204 N Nebraska Ave	the Flori	da E	Dept. of Stat	– e: –		
(b)		33603			FILED 15 DEC -7 PA SECRETARIASSEE.		
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıddr	ess:	第二 四		
	April Gillmore				THE STATE OF		
	NEW Registered Office Address:				DE 7		
	5116 N Central Ave				_		
	Tampa , FL	33603	3	·· <u></u>	_		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ters authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li	giste con mit	ered offic npany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in		
		٨٢	oril	Gillmore	e		
Sign	ature of a member or authorized representative of a member			<u> </u>	Printed or typed name of signee		
the ob	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is don't writing of this change.	ee to a perfori d for in hereby	ct i mar cer cor	n this cap nce of my napter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Signar	ire of Registered Agent						
Qivision of Corporations • P.O. Box 6327 • Tallahassee, FL 32314							

**FILING FEE: \$25.00** 

INHS18 (2/14)