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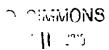
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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COVER LETTER

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TO:	Registration Section Division of Corporations							
SUBJE	Meaningfully Connected LLC	Meaningfully Connected LLC						
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	is matter to the	following:					
Thom	nas M. Allen							
	Name of Person		_					
Mean	ingfully Connected LLC							
	Firm/Company		_					
РО В	ox 117							
	Address		_					
Brand	don, Florida 33509-0117							
	City/State and Zip Code							
tom@	meaningfullyconnected.net							
E	-mail address: (to be used for future ann	ual report notif	ication)					
For fur	ther information concerning this matter,	please call;						
Thom	as M. Allen	813	952-3165					
	Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy					
INHS18	3 (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: Meaningfully (Conne	cted LLC			
?	(a)	Meaningfully Connected LLC	(l	(b) Meaningfully Connected LLC			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	''		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		415 Lithia Pinecrest Road		PO Box	117		
		Brandon, Florida 33511	_	Brandon	, Florida 33509		
		October 22, 2015		L15000179646			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Allen, Karen J					
٠.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of S 415 Lithia Pinecrest Road			:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES!	<u> </u>			
					\vec{z}		
		Brandon	33511				
		, FL_					
	(h)				1		
	Enter name of NEW Registered Agent and/or NEW Registered Of			ldress:	<u>:</u>		
		407 Liabia Disaggad Dand			ណ្		
		427 Lithia Pinecrest Road					
		NEW Registered Office Address:					
		Drandan	22544				
		Brandon , FL	33511				
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility co f the lin limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
_:	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	perform	ance of my a	luties, and I am familiar with and accept		
Si	gnatu	re of Registered Agent					