## L15000191903

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
70 - 11-11 - 11-11 - 11-11					
(Business Entity Name)					
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## COVER LETTER 5

TO: Reg	istration Section ision of Corporations				
SUBJECT:	Austerer 360 LLC				
SCBSECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclose	d Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to t	he following:		
Carmine A	A. Durzo				
	Name of Person		<del></del>		
Austerer 3	360 LLC				
	Firm/Company		<del></del>		
3651 Bay	ou Circle				
, , , , , , , , , , , , , , , , , , , ,	Address				
Longboat	Key, Florida 34228				
	City/State and Zip Code		<del></del>		
E-mail	address: (to be used for future ann	ual report no	tification)		
For further i	nformation concerning this matter,	please call:			
Carmine A	A. Durzo	<b>941</b> at (	387-2455		
	Name of Person	at (	Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building I Executive Center Circle ahassee, Florida 32301	]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
<b>□</b> \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy		

## 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	ame of the limited liability company: Austerer 360	ULLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3651 Bayou Circle	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Longboat Key, Florida 34228		
	11/16/2015	ı	.15000191903
3.	Date of filing/registration in Florida	4.	Document number
5. (a) (b)	Registered Agent and Registered Office shown on the records of Roberta Durzo, now deceased Registered Office Address (MUST BE FLORIDA STREET) 3651 Bayou Circle Longboat Key , F  Enter name of NEW Registered Agent and/or NEW Registered Carmine A. Durzo NEW Registered Office Address: 3651 Bayou Circle	34228	FILED  16 PEC 23 A DE 47  CRETARY OF STATE  LAHASSEE, FLORIDA
	Longboat Key , F	34228	
the cha agent v was/w the arti Signa I here provisi the obt notifie	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members icles of organization or the operating agreement of the function of a member and agreement as registered agent and agreement of the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, if the interior of this change.  Member 1. Membe	aws of the Sof the regist liability cor of the limited lia	State of Florida, it is hereby confirmed that after ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.  Printed or typed name of signee  In this capacity. I further garee to comply with the