115000193535

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

Office Use Only



600302704036

08/18/17--01011--025 **25.00

17 AUG 18 AH II: U9

S. WARREN AUG 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations	·						
SUBJECT: FANCLAR, LLC							
Name	of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
Philip Kushner							
Name of Person							
FANCLAR, LLC							
Firm/Company							
PO Box 600055							
Address							
Dallas, TX 75360							
City/State and Zip Code							
pjklaw@aol.com							
E-mail address: (to be used for future annua	al report notification)						
For further information concerning this matter, p	lease call:						
Philip Kushner	at (214) 991-1905						
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	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	☐ \$55 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: FANCLAF	R, LL	_C		
2. (a)	18 Trigger Trail East	(b) PO Box 600055			
<u> </u>	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	') <u></u>	Mailing address of lin	nited liability company:
		Seacrest Beach, FL 32461		Dalla	ıs, TX 75360	
						
		11/13/2015		L1500	0192535	
3.		Date of filing/registration in Florida	4.		Document numb	ег
5. (a)	Suzin Arce				
J. (,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of S	State:	
		140 Seacrest Beach Boulevard West				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2		
		Panama City Beach FL 3	32413	3		20 T8
(1	5)	Registered Agents Inc.				17 AUG 18 AH 11: 09
Enter name of NEW Registered Agent and/or NEW Registered Office address:					·····	97 T
		3030 N. Rocky Point Dr.				5 6
		NEW Registered Office Address:				
		STE 150A				
		Tampa3	3607	•		
the cager was/	hai it w we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	he regis bility co the lim	stered of impany, ited liab	fice and the business it is hereby confirme ility company or as o	office of the registered ed that the change(s)
Ph	nati	are of a member or authorized representative of a member		PL	Printed or typed nar	ne of signee
I he province to motif	reh isio bli ere jed	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. The inverting of this change. Bill Havre - Assistant of the Registered Agent	erforme for in C reby co	ance of n Chapter (onfirm th	apacity. I further as	gree to comply with the