115000210815

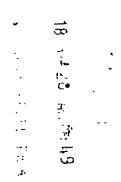
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900314941999

06/26/18--01017--015 **50.00



JUN 29 ZOIB

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.

I. Na	me of the limited liability company: MCHELLE LUA	SUAREZ LIC
	18191 NW 684 Are #215 (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	thalcal, Fl. 33015	
3.	12 21 2015 L1 Date of filing/registration in Florida 4.	5000210815 Document number
5. (a)	MICHELLE Lyn SJAREZ Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- v:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	Hjaleck FL 33015	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 18191 NW 68+ Mac #215	
	NEW Registered Office Address:	
If the li	mited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
the char agent w was/we:	nge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability con	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	Youlle LUCHE	Printed or typed name of signee
I hereb provision the obli- to mere	we of a member observable depresentative of a member of the appointment as registered agent and agree to act in this cape one of all standes relative to the proper and complete performance of my agations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address. I hereby confirm that it in writing of this change.	wite I further garge to comple with the
Signaluro	e of Registered Agent	
l	Division of Corporations • P.O. Box 6327 • Tallahas FILING FEE: \$25.00	see, FL 32314