116000001597

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Dod	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to I	Filing Officer:			

Office Use Only



800295292708

02/24/17--01021--002 **25.00

17 FEB 24 PH 2: 17

3E0837447 05 8747 3E0837447 07 SIATE 3E0837447 07 SIATE

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation	ıs		5	; • • •
SUBJECT:	Pidko L			
	Name of	Limited Liability	Company	
Dear Sir or Madam:				
The enclosed Registered Agent/	Registered Office Cl	nange and fee(s) a	are submitted :	for filing.
Please return all correspondence	c concerning this ma	ter to the followi	ng:	
Manue/ Janue/ Name of	Socio of Person	·		
PithoLL Firm/C	Ompany			
PO Bex	67/ ess			
Addre	ess			
Windrage City/States	FL 34786	<u>.</u> _		
City/State a	and Zip Code			
E-mail address: (to be use	d for future annual re	ma; /- com eport notification))	
For further information concern	ing this matter, pleas	se call:		
Manuel Barr Name of Person		(<u>3 </u>		ne Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32.	ns Circle	Registration of P.O. Box (G ADDRESS: on Section of Corporation 6327 ee, Florida 323	s
Enclosed is a check for	r the following amo	unt:		
¥\$25 Filing Fee		□ \$55 Filin	g Fec & Certif	fied 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.

r ioriaa.		\	
l. Nar	ne of the limited liability company:	7. Jko L	LC
2. (a) _		(b)	
z. (u) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	74 S Orana Ave.		POBOX 671
	24 S Orange Ave. Orlando FZ 32801		Winderner FL34786
	Date of filing/registration in Florida		L16000001597
3.	Date of filing/registration in Florida	4.	Document number
5 (a)	Manuel Barrio		
<i>3.</i> (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
	7208 W Sand Lake Rd., St Registered Office Address (MUST BE FLORIDA STREET A		
	most but taken in the real control of the real	(D) ((1333)	
	Orlando ,FL	32819	7 FEB 24
(b) _	Russell W. Divine, Esq. Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	PR 2:
	Divine & Estes, P.A.		1 500
	NEW Registered Office Address:		
	24 S. Orange Ave.		
	24 S. Orange Ave. Orlando ,FL	32801	
the char agent w was/wer the artic	mited liability company is not organized under the lawnge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the are of a member or authorized representative of a member	the registered bility compan f the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) hisbility company or as otherwise provided in
the obli _t to mere:	y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a shange in the registered office address, I have in writing of this change.	ee to act in thi performance of I for in Chapto iereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been

Signature of Registered Agent