416000004785

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

S. WARREN 09 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINTEC, L.L.C. Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person	
FINTEC, L.L. C. Firm/Company	· · · · · · · · · · · · · · · · · · ·
11287 TURKEY ROOST Address	DAD
TALLAHAUSTE, FLORIDA City/State and Zip Code	32317
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Name of Person	950 933-9436 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
12 \$25 Filing Fee	1 \$55 Filing Fee & Certified Conv

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. N	ame of the limited liability company:	c, L.L. C.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TALLAHASSEE, FLORIDA	32329 32329	
	JANUARY 6, 2016		L16000004785
3,	Date of filing/registration in Florida	4.	Document number
5. (a)	TAREN H. LOVE		_
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	_
	4361 TIMBERLY CRILE		in in the second se
	TALLAHASSEE ,FL	3230	
(b)			_ SS & E =
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ED STATE
	NEW Registered Office Address:		
	11287 TURKEY ROOST	POAD	
	TALLAHASSEE ,FL	_ 34317	<u>7</u>
the cha agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it of the limited liability company.	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to act in this ca performance of my d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 55, F.S. Or, if this document is being filed the limited liability company has been
Signati	ure of Registered Agent		