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K.SALY EXAMINER FEB 18

## **COVER LETTER**

• •
TO: Registration Section Division of Corporations
SUBJECT:
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelly W RAMSdow Name of Person
OF FORT LANDE COLO C/OLYNIA, LLC Firm/Company
500 EAST BROWARD BOYlevard Suite 1710 Address
Fort Lander de le FC 33394 City/State and Zip Code
City/State and Zip Code  form. schmidt@pisco1595. com FTL-Service 20fficeedse. Co  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 848-2800  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Nai	me of the limited liability company:
	500 East Browavel Blvd. (b)
2. (a) _	Principal office address of limited liability company:  Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> ) ( <u>Note: MAY BE POST OFFICE BOX</u> )
	Juite 1710
	Fort Landerdale, Florida 33394
	January 28th, 2016  Date of filing/registration in Florida  4. Document number
3.	Date of filing/registration in Florida  4. Document number  Tom Schmide  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5. (a)	Tom Schmidt
3. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	11.17 71 61-201
	1417 Johnson Street
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Hollywood ,FL 33020
(b) .	OF FORT LAude dale LCC - Kelly WRAMSdow Enter name of NEW Registered Agent and/or NEW Registered Office address:
	SOO EAST BROWALD BOY POULD  NEW Registered Office Address:
	Suite 1710
	FOLT ( Au du do /e ,FL 33394
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	16 Cl Tom Schmidt
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
provision the oblication to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent