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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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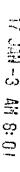
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JAN 04 2017 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	en e
SUBJECT: POIZ AND P	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change und fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
MANOI J POIZ BAG Name of Person	<u> </u>
Frm/Company	
15108 Beachwood i) <u>eio</u> =
TAMPA . F (ORIOA 3	33624 le
Yandiresis to be used for future	annual report notification)
For further information concerning this mat	iter, please call:
YANDI J RUZ BAUTA Name of Person	at (& (3) 314 >181 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 follow	ing amount:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INH\$18 (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.

	••	$\overline{}$		\mathcal{O}_{-} .	\circ		
1. Na	me of the limited liability company:	K312	ANG	2 LESES	COME	PNE	LLC
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADD	ty company:	_ (b)		CUS (NW 000 address of limited lia	bility con	ıpany:
	TAMPA . FLORIDA	33624		TAMOA	FLORIDA	33	3624
			-				
	03/29/2016		_	1 160,	000212-)5	
3.	Date of filing/registration in Fl	orida	4.		nent number		
5. (a)	Yamai Jesus 201						
	Registered Agent and Registered Office shown of	on the records of the	e Florida I	Dept. of State:			
	Registered Office Address (MUST BE FLO)	BAY DIZ RIDA STREET AL		304			
				·		17	Bu
	TAMPA	, FL_	33	626		N. J.	
	· · · · · · · · · · · · · · · · · · ·	-	_	_		<u>-</u> ت	を対する
(b)	Enter name of NEW Registered Agent and/or M					AM	
•	the built of the second					8: 0	~ 95
	ISIOB Brushwood Dewi	e. TAMPI	a. F(0 E E <u>A019c</u>	54	0	要用
	TAMPA	, FL_	33	624			
the cha agent was/we the arti	imited liability company is not organized ange or changes are made, the Florida strevill be identical. Or, in the case of a Florere authorized by an affirmative vote of the companization or the operating agrange of a member or authorized representative of a	rect address of the rida limited liab the members of the liab	he regist bility cou the limi mited li	ered office and the npany, it is hereb ted hability comp	ne business officing confirmed that that the same of as otherwards.	e of the the cha ise prov	registered nge(s) /ided in
Lhavel	hy account the annointment as registered	anent and acre	e to act :	in this canacity	I further goree to	comply	with the
provisi the obl to mere	on accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered ago ely reflect a Change in the registered offi d in writing of this change.	and complete p ent as provided ice address, I he	erforma for in C creby co.	nce of my duties, hapter 605, F.S. nfirm that the lim	and I am familic Or, if this docun ited liability con	r with a tent is b upany ho	nd accept eing filed is been

Signature of Registered Agent