L10000034408

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S MASON

COVER LETTER

O: Registration Section Division of Corporations				
SUBJECT: CANON COMMUNI	CATIONS, LLC ited Liability Company			
Dear Sir or Madam:	•			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JOHN S. Cooper-				
	•			
Cooper and Loper, Attorney 5 Firm/Company				
	•			
704 N. LAKE ST	·			
Address				
Stacke, FZ 32091 City/State and Zip Code				
City/State and Zip Code				
Tome John Scooper Da. Com Email address: (46 be used for future annual report notification)				
For further information concerning this matter, please call:				
JOHN S. Cooper at 904 964-4701 Name of Person Area Code & Daytime Telephone Number				
	•			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified 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.

1.	Na	me of the limited liability company: CANDRY COM	MUNICATIONS, LLC		
	(a)		•		
	\- / .	Principal office address of limited liability company:	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		(Nome: MUST BE STREET ADDRESS) 514e 105	(NOW MAT BE FOST OFFICE BOX)		
		PLANT City, FI 33563			
	,	2/4/16 LIG	000024408		
3.			Document number		
5	(a)	David SUAREZ			
٠.	(44)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:		
		301 S. Collins St			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Suite 105	rica Crass Aurola Crass		
		Part City FL 33563			
	(b)	John S. Cooper	28 m		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	P.F.S.		
			1.01 vi		
		704 N. LAKE St	전문 2 6		
		NEW Registered Office Address:	A		
		Starke,			
		7			
		,FL_3209/			
the	cha	mited liability company is not organized under the laws of the State of Flo nge or changes are made, the Florida street address of the registered office	and the business office of the registered		
age	:nt w s/we	rill be identical. Or, in the case of a Florida limited liability company, it is a case of the members of the limited liability vote of the members of the limited liability.	hereby confirmed that the change(s) company or as otherwise provided in		
the	arti	cles of the mization or the operating agreement of the limited liability com	pany.		
<u>@</u>			orshan		
		ure of a member or authorized representative of a member	Printed or typed name of signee		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.					
to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.					
Sig	matu	re of Registered Agent			
		Division of Corporations P.O. Box 6327 Tallahas	see. FL 32314		

FILING FEE: \$25.00