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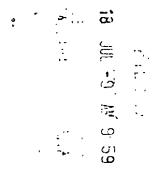
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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: Buto Richart P Name of Limited I	ain ting (CC Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change an	nd fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
Name of Person  Firm/Company								
5745 Genders Dure Address								
Saraso ta 42 34243 City/State and Zip Code								
E-mail address: (to be used for future annual report not	ification)							
For further information concerning this matter, please call:								
Cuta Percher at (94) Name of Person	1 ) 256 59 34 Area Code & Daytime Telephone Number							
Registration Section R Division of Corporations C Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314							
Enclosed is a check for the following amount:								
□ \$25 Filing Fee □ 5	\$55 Filing Fee & Certified Copy							

## 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.

l. Na	me of the limited liability company:	Buto ?	Reichert	Pain trio	UC	
2. (a)	Principal office address of limited li (Note: MUST BE STREET)		(b)	Mailing address of (Note: MAY E	of limited liability BE POST OFFICE	
3. 5. (a)	Date of filing/registration in	Melitta	Peicher	Document nu		
	Registered Agent and Registered Office sho  Registered Office Address (MUST BE I	FLORIDA STREET A	<u> </u>	state:	9 pa }	18 JUL - S
<i>(</i> b)	Saugeota  Cintia Richart  Enter name of NEW Registered Agent and	FL Mult for NEW Registered	34243 La Peiche Office address:	il	-9 -0 -0	9 ·# D CO
	NEW Registered Office Address: 5745 Gardens	Dure		_		
	sevarota	FL_	34243			
the cha agent w was/we the arti	mited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a me authorized by an aftirmative vote cles of organization or the operating out of a member of a	a street address of Florida limited lia of the members o agreement of the	the registered off bility company, f the limited liab limited liability,c	fice and the busing it is hereby conficiently company or company.	ness office of rmed that the	the registered change(s)
	by accept the appointment as register ons of all statutes relative to the pro- gations of my position as registered by reflect a change in the registered in writing of this change.		ee to act in this c performance of n I for in Chapter t ereby confirm th		·	nply with the th and accept is being filed y has been

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