16000026507

(Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



000303155840

09/01/17--01020--008 **25.00

17 SEP -4 AH 8: 45

· COVER LETTER

TO:	_	Registration Section Division of Corporations					
SUBJE	ECT:	W rray	Business	s Solutions LLC re of Limited Liability Company of add ress for Region tered Agent			
Dear Si	ir or Madam:		Chause	of add ress for Regio tood Agent			
The en	closed Regist	ered Agent/F	Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all cor	respondence	concerning thi	is matter to the following:			
		Name of	Person	rray			
		Mwy Firm/Co	ray Bus	siness Solutrous			
	401	Roser	, RONE	Apt 520			
		orgo City State ar	ZZ 33 nd Zip Code	770			
E	mail address	ean @ 1 : (to be used	nurray for future ann	business solutions. com ual report notification)			
For fur	ther informat	ion concerni	ng this matter,	please call:			
	Jan Nan	ne of Person	rroy	at (<u>S6 3</u>) <u>320-1068</u> Area Code & Daytime Telephone Number			
	STREET/C Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ding ive Center C	ircle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is	a check for	the following	amount:			
	□ \$25 Filing	g Fee		☐ \$55 Filing Fee & Certified Copy			

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LABILITY 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.

I. Nan	ne of the limited liability company:	Morr	ay Busi	ness	Solu trou	s 44	C
2. (a)	401 Rosery RovE Principal office address of limited liability cor		(b)				
()			. ()		address of limited		
	(Note: MUST BE STREET ADDRESS			(<u>(VO</u> 11	e: <u>MAY BE POST</u>	<u>OFFICE</u>	<u> </u>
			-				
	Apt. 520 Largo FL 33770						
	•			1.160	060026	507	,
3.	2-B-16 Date of filing/registration in Florida	1	4.	Docu	iment number		
5 (a)	Jean Murra	LL/					
J. (u) _ I	Jean Hurra Registered Agent and Registered Office shown on the	records of the	e Florida Dept. o	of State:			
	2136 Belmar	Dr					
•	Registered Office Address (MUST BE FLORIDA						
				<u>_</u>			
	Belleuir Bluffs	FI	マミク 2	20			
•	Total Conf.	· ' L	<u>, , , , , , , , , , , , , , , , , , , </u>				
(b) _					<i>:</i>		
i	Enter name of NEW Registered Agent and/or NEW	Registered O	ffice address:			 	!
	401 Rosery Rd N	E			A Sign	17 SEP-1 AM 8: 45	
	<u>40 / Rosery Ro W</u> <u>NEW</u> Registered Office Address:				[7]	. 🏊	rt y-
	Apt. 520 Largo FL				19. 9.	. 69	,
	,					, t.	
	Largo FL	FL_	3 3 770		, ,		
If the lin	mited liability company is not organized und				it is hereby con	firmed t	hat after
the chan	ige or changes are made, the Florida street a ill be identical. Or, in the case of a Florida	ddress of th	ne registered (office and	the business off	ice of th	e registered
was/wer	e authorized by an affirmative vote of the m	nembers of	the limited lia	ability com	pany or as othe		
	les of organization of the operating agreeme		mited hability				
Signatu	Signature of a member or authorized representative of a member		Printe	Printed or typed name of signee			
Lharahi	y accept the appointment as registered agen ns of all statutes relative to the proper and gations of my position as registered agent as y reflect bechange in the registered office ac in writing of this change.	it and amea	e to act in this erformance of for in Chapte reby confirm	s capacity. f my duties r 605, F.S. that the lir	l further agree , and I am fami Or, if this doci nited liability co	to compliar with ament is ompany	oly with the and accept being filed has been
Signature	of Registered Agent						