6/600027477

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
·	·	,		
(Do	ocument Number)			
(,			
Certified Copies	Cortificatos	of Status		
Certified Copies	_ Certificates	Of Status		
Special Instructions to	Filing Officer:	}		
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COVER LETTER

U	istration Section ision of Corporations			
SUBJECT:	Three Aces, LLC			
	Na	me of Limited Liability Company		
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return	n all correspondence concerning the	nis matter to the following:		
Jeffrey A.	Hameroff			
	Name of Person			
Three Ace	es, LLC			
	Firm/Company			
7320 Fore	est Oaks Blvd.			
1	Address			
Spring Hill	l, Fl 34606			
	City/State and Zip Code	•		
kheckman	@tampabay.rr.com			
E-mail	address: (to be used for future an	nual report notification)		
For further in	nformation concerning this matter	, please call:		
Jeffrey A.	Hameroff	352 596-1771		
	Name of Person	Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
☑ \$2	25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14	J)			

,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:	s, LLC	
2. (a)	7320 Forest Oaks Blvd	(b) 7320 Fo	orest Oaks Blvd
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Spring Hill, FL 34606	Spring F	lill, FL 34606
3.	Date of filing/registration in Florida 2/09/20160 L160	4.	Document number
5. (a)		000027477	-
	Registered Agent and Registered Office shown on the records United States Corporation Agents, Inc	s of the Florida Dept. of State	e:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	- Sg 78
	13302 Winding Oak court A		田里
	Tampa	., 33612	1
	Enter name of NEW Registered Agent and/or NEW Registe 7320 Forest Oaks Blvd. NEW Registered Office Address:	red Office address:	FE ORDA
	Spring Hill ,	_{FL} 34606	_
he char gent w vas/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the str	s of the registered office I liability company, it is rs of the limited liability the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signat	ure of a member or authorized representative of a member	Jeffrey A. Ha	Printed or typed name of signee
l hereb provision he obli o mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provi by reflect a change by the registered office address, in writing of the change.	agree to act in this cape ete performance of my ided for in Chapter 605 , I hereby confirm that	· · · · · · · · · · · · · · · · · · ·
Signatur	e of Registered Agent Division of Corporations● P.C). Box 6327● Tallahas	ssee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)