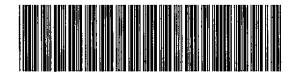
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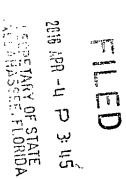
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
		,				

Office Use Only



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3 MASON

COVER LETTER

	istration Section ision of Corporations'			
SUBJECT:	48 OFF, LLC	•		
	Nan	ne of Limite	ed Liabil	ity Company
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	is matter to	the folk	owing:
Fred Bow	man			
	Name of Person	•		•
48 OFF, L	LC			
	Firm/Company			
4524 Lak	e Jason Ct			
	Address			
Mount Do	ora FL, 32757	•		
	City/State and Zip Code			
pnlittlefiel	d@yahoo.com			
E-mai	address: (to be used for future and	nual report i	notificati	on)
For further i	information concerning this matter,	, please call	l:	
Fred Bow	man ·	407 at (,	4664679
	Name of Person	ur \		rea Code & Daytime Telephone Number
	REET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section	
Div	ision of Corporations	Division of Corporations		
	ton Building 1 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	ahassee, Florida 32301		ianan	135CC, 1 10Hda 32314
Enc	closed is a check for the following	gamount:		
☑ \$	325 Filing Fee		⊒ \$55 F	iling Fee & Certified Copy

1NHS18 (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: 48 OFF, LLC		_	
2. (a)	Fred Bowman	(b) Fred Bo		wman
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4524 Lake Jason Ct	_	4524 La	ke Jason Ct
	Mount Dora FL, 32757	_	Mount D	ora FL 32757
	02/17/2016		L1600003	33329
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC		
), (u)	Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS		a Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET AL	<u> </u>	<u> </u>	-
	13302 WINDING OAK COURT A	DREGE	22.	(A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
	Tampa , FL 3	33612		PB PB
(b)	Fred Bowman			SSEF-E D
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office ad	dress:	P 3: 45 P STATE
	Fred Bowman			Dri G
	NEW Registered Office Address:			
	4524 Lake Jason Ct	-		
	Mount Dora	32757		
the cha agent v was/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he regi pility co the lin mited	stered office ompany, it is nited liability 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	-re	d Bowma	Printed or typed name of signce
I herel provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided ily reflect a change in the registered office address. I he I in writing of this change.	e to ac erform for in (ereby c	t in this cape ance of my Chapter 605 onfirm that	acity. I further agree to comply with the

Signature of Registered Agent