## L16000033968

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	e #)			
PICK-UP WAIT	MAIL			
(Business Entity Nan	ne)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				





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07/09/18--01038--005 ++25.00





## **COVER LETTER**

TO:	CO: Registration Section Division of Corporations				
SUBJ	Ninalizia's Spy Elemen	ts LLC			
1.013		of Limited Liability Company			
Dear S	ir or Madam:				
The er	nclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
	Michael R. Gayles				
	Name of Person	<del></del> _			
	Firm/Company				
	116 Camelia Drive				
	Address				
	Fort Walton Beach, FL 3254	7			
	City/State and Zip Code				
	lalabull2014@gmail.com				
I	-mail address: (to be used for future annua	al report notification)			
For fu	ther information concerning this matter, p	lease call:			
	Michael R. Gayles	850 218-2419			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations 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	nme of the limited liability company:Ninalizia'	s Spy El	Elements LLC	
2. (a)	7950 NW 53RD Street, Ste 337	(b)	P.O. Box 5210	
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ \\.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33166		Destin, FL 32540	
	02/17/2016		L16000033968	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Offix Solution LLC			
. (-,	Registered Agent and Registered Office shown on the records of the	he Florida D	Dept. of State:	
7950 NW 53RD Street, Ste 337				
	Registered Office Address	DDRESS)	<u>v</u>	
	Miami	33166	<u>→••</u>	
	, FL_			
(b)			<b>2</b> C	
(,	Enter name of NEW Registered Agent and/or NEW Registered t	Office addre	dress:	
	M. I. I. D. O. I.		<b>9</b> 00	
	Michael R. Gayles			
	NEW Registered Office Address:			
	116 Camelia Drive		<del></del>	
	Fort Walton Beach	32547		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility com Tthe limite	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) little liability company or as otherwise provided in	
/	Milal waller		Michael R. Gayles	
Signa	ture of a member authorized representative of a member		Printed or typed name of signee	
provisi the obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I have	verforman ' för in Ch	ance of my duties, and I am familiar with and accept "hanter 605 F.S. Or if this document is being filed.	
Signatu	re of Registered Seon			