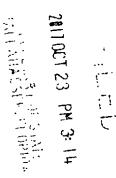
116000035794

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



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K. SALY OCT 2 9 2017

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	JECT: One SP LLC								
	Name of Limited Liability Company								
Dear S	iir or Madam:								
The en	iclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	is matter to the	following:						
Josep	oh Schwantes								
	Name of Person		_						
One S	SP LLC								
	Firm/Company								
6750	NE 4th Ct								
	Address		_						
Miam	i Florida 33138								
	City/State and Zip Code								
margi	ie@regionalone.com								
E	-mail address: (to be used for future ann	ual report notif	ication)						
For fur	ther information concerning this matter,	please call:							
Chen	Nagid	786 at (325-9981						
	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	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314						
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee	_	55 Filing Fee & Certified Copy						
INH\$18	8 (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.

l. Na	ame of the limited liability company: One SP LLC	:		
2. (a)	6750 NE 4th Ct		6750 NE	4th CT
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami FI 33138	('		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			Miami Fl	_ 33138
	02/19/2016		L1600003	35794
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Joseph Schwantes			
	Registered Agent and Registered Office shown on the records of 6750 NE 4th Ct	fthe Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	
				2
	Miami FI	33138		(S
(b)	Chen Nagid	<u> </u>		WITOCT 23 PK 3:
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	TO BE
	1750 NW 107th Ave			TO THE PARTY OF TH
	NEW Registered Office Address:			:
	Sweetwater , FL	33172		
agent www.was/weithe artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of less of organization or the operating agreement of the uncertainty of a member or authorized representative of a member	ability coof the lim	ompany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Scan Marie of signee
l hereb provision he obli o mere potified	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act performa d for in C hereby co	in this capa ance of my d chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	e of Registered Agent			