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COVER LETTER

ſ TO: **Registration Section Division of Corporations**

undrie lare SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

hia

Name of Person

idellar f

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (813) 928.3505 ton Area Code & Davtime 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

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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.

Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>)	oany:	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3404 Oakellar AUE		<u></u>			
Tampa FL 33611			· · · · ·		
@ 2/23/16		L14	0000375	97	
Date of filing/registration in Florida		4.	Document numb	er	
United States (States Agent and Registered Office shown on the re					
Registered Office Address <u>(MUST BE FLORIDAS</u>	TREET ADD	· · · · ·	TALLAH	2018 NOV	Т
Tampa	, FL	33612	ASSEE.	8	m.
Cunthia H. Coringto	2	<u> </u>		יגו כן	0
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Off	ice address:	RIDA	01	
NEW Registered Office Address:					
3404 Oakellar Ave			_		
tampa	, FL	33611			
			lorida, it is hereby	~	14 . 0

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

inthic t 6.6 Signature of Registered Agent

Signature of a member or authorized representative of a member

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00