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(Address)	
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THE STATE OF THE S

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE						
	Nan	ne of Limited L	iability Company			
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	is matter to the	following:			
AJR	ana					
	Name of Person					
A & B	Rana Design and Build					
	Firm/Company					
2112	US HWY 41 South					
	Address					
Ruski	in, Florida 33570					
	City/State and Zip Code					
ajrana	a@abranadesign.com					
Ē	-mail address: (to be used for future ann	iual report notif	fication)			
For fun	ther information concerning this matter,	, please call:				
AJR	ana	813 at (784 2933			
	Name of Person	a. (Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	M.	AILING ADDRESS:			
Registration Section			egistration Section			
Division of Corporations			vision of Corporations			
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Та	Ilahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	☐ \$25 Filing Fee	Æ \$:	55 Filing Fee & Certified Copy			
INHS18	1 (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.

ı) <u>.</u>	2112 US HWY 41 South		(b)	Same		
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany:	, ,		Mailing address of limited liabil (Note: MAY BE POST OFF	
	Ruskin, FL 33570			Same		
	2/26/16		Į	_16000	041139	
a)	Date of filing/registration in Florida Brandon M Rana		4.		Document number	
	Registered Agent and Registered Office shown on the re 11052 Little Blue Heron Dr Riverview,			Dept. of St	iate:	
	Registered Office Address (MUST BE FLORIDAS) 2112 US HWY 41 South	TREET AD	DRESS)		- 28	
	Ruskin	, FL_3	3570) . :
")	A J Rana					يَّا دُ
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	egistered Of	ffice add	ress:	7	
	5107 Clover Mist Dr Apollo Be	ach, FL	33572		رَ د	71
	NEW Registered Office Address:		•	• •		•
	2112 US HWY 41 South			·		1
	Ruskin	, FL_3	3572			
har t w we:	mited liability company is not organized underinge or changes are made, the Florida street advill be identical. Or, in the case of a Florida ling reauthorized by an affirmative vote of the medics of organization or the operating agreement	dress of th mited liabi mbers of t	e regis ility con the limi nited li	tered offi mpany, it ted liabil	ice and the business office of t is hereby confirmed that the lity company or as otherwise company.	of the regist ne change(s
nati	ure of a member or authorized representative of a member				Printed or typed name of sign	<u> </u>
reb isid bli	by accept the appointment as registered agent ons of all statutes relative to the proper and co- gations of my position as registered agent as fy reflect a change in the registered office add	and agree omplete pe provided f	to act erforma or in C	in this ca nce of m hapter 60	apacity. I further agree to c y duties, and I am familiar y or, if this documen or, the limited liability comes	omply with with and ac it is being f

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