1/6000050265

(Requ	uestor's Name)			
(Addr	ess)			
(Addr	ress)			
(City/	State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Doci	ument Number)			
Certified Copies Certificates of Status				
Special Instructions to Fi	ling Officer:			
:				

Office Use Only



800302003418

08/04/17--01022--032 **25.00

-	~ .	<i>t</i> =	т.	 רייו	~	_	٠,
			ĸ	 		r	к

TO:

Registration Section

Division of Corporations	
SUBJECT: 5975 North Foderal Highway Fort Landodele Name of Limited Liability Company	57 UC
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:	
Michael Bush	
Name of Person Stett Zone Firm/Company	
1500 Cordova Rd # 204 Address	
Ft. Laudude PL 3331b City/State and Zip Code	
Mhash a Strech zone. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael Bust 31(954), 328-9028	
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	

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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.

Florida.	1	011		. 111
1. Name of the limited liability company:	5975 North	tedeval	Highway Fort	Landed 52
	ightaj #109 (b) pility company:)	Boy Y6036 iling address of limited liabi Note: MAY BE POST OFF	7 lity company:
3 / 10 / 16 3. Date of filing/registration in I	Florida 4.		00050265	
5. (a) Strete Zow to Registered Agent and Registered Office shown Gold N Fided H Registered Office Address (MUST BE FLA	n on the records of the Florida W ORIDA STREET ADDRESS			
(b) Strekt 200)- Einter name of NEW Registered Agent and/or	FL 3330 A ld ong T LLC or NEW Registered Office add		:7.	
1500 Conosia R NEW Registered Office Address:	!d # 20y			· -
Pt. Laudodle	_{. FL} 333	116		
If the limited liability company is not organize the change or changes are made, the Florida's agent will be identical. Or, in the case of a Fl was/were authorized by an affirmative vote of the articlet of organization or the operating agent will be identical. Or, in the case of a Fl was/were authorized by an affirmative vote of the articlet of organization or the operating agentic of a member or authorized representative of the properties of all statutes relative to the properties obligations of my position as registered of to merely reflect a change in the registered of	street address of the regis lorida limited liability co of the members of the limi greement of the limited li	tered office a mpany, it is hited liability comp Michael in this canac	and the business office of the the the the company or as otherwise any. Bust Printed or typed name of sign its. I further agree to a	of the registered ne change(s) e provided in ee

Signature of Registered Agent