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SEURE IARY OF STATE TALLAMASSEE, FLORIDA

COVER LETTER

Division of Corporation	Tints260 LC	
SUBJECT:	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Ager	nt/Registered Office Change and fee(s) are submitted for filing.	
_	nce concerning this matter to the following:	
Cocordony	Alwaguel	
Tints 260		
660 E 6	Company	
A de	drace	
City/State	e and Zip Code See No Quail om Seed for future annual report notification)	
galuage	e la quail om.	
For further information conce	rning this matter, please call:	76 ALL
Acordonny A. Name of Pers	on Area Code & Daytime Telephone I	Number 28
STREET/COURIER		B PH 12: 04
Registration Section	Registration Section	.
Division of Corporati	· · · · · · · · · · · · · · · · · · ·); O
Clifton Building	P.O. Box 6327	F G
2661 Executive Cente Tallahassee, Florida 3	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check t	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. Name of the limited liability company:	<u>/ce.</u>
	63 ST HialeaH H 330/3 ing address of limited liability company: lote: MAY BE POST OFFICE BOX)
03/23/16	100059269.
3. Date of filing/registration in Florida 4. Do	cument number
5. (a) beardamy Apreguer.	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
660 E 63 ST	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	. ₹0
HirleaH ,FL 33013.	6 EGR
(b) Gianny Cruz.	128 128
Enter name of NEW Registered Agent and/or NEW Registered Office address:	TO MARE
660 E 63 ST	E FE
NEW Registered Office Address:	PHI2: 04
HialeaH ,FL 33013	A Division of the Control of the Con
If the limited liability company is not organized under the laws of the State of Florid the change or changes are made, the Florida street address of the registered office an agent will be identical. Or, if the case of a Florida limited liability company, it is he	d the business office of the registered reby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability co the articles of organization of the operating agreement of the limited liability compar	ompany or as otherwise provided in
Grand	alegan Alugan
Signature of a member of authorized representative of a member Pri	nted or typed pame of signee
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dutithe obligations of my position as registered agent as provided for in Chapter 605, F. to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
Signature of Registered Agent	
organismo of registered Agent	

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