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(De	questor's Name)	
(Re	questor's Name)	
· · · · · · · · · · · · · · · · · · ·		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to i	Filing Officer.	

Office Use Only



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COVER LETTER

10:	Division of Corporations				
SUBJE	CT: FIVE	TWELVE L.L.C. e of Limited Liability Company			
	Nam	e of Limited Liability Company			
Dear Si	r or Madam:				
The end	losed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	eturn all correspondence concerning thi	s matter to the following:			
	NADIA WESLEY Name of Person				
	TVE TWELVE L.L. Firm/Company	. <u>C</u> .			
_4	JUNIPER LANE Address		W.	21	
N	ATICK, MA 017 City/State and Zip Code	40	ECAHASSE	2016 OCT -6	TO THE PARTY OF TH
E	mail address: (to be used for future annu	2 gmul-com ual report notification)		υ ω	Ü
For fur	her information concerning this matter,	please call:	1 50.	w	
N	ADIA WESLEY	at (850) 902-0711			
	Name of Person	Area Code & Daytime Telep	hone Nu	ımber	\/
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 47 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	N	97	8
	Epclosed is a check 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.	Na	me of the limited liability company: FIVE TWELVE L.L.C.		
2. (a)	(b)		
`	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		3536 W. PLYMPTON RD 4 JUNIPER LANE		
		LAUREL HILL, FL 32567 NATICK, MA 01760		
		3/25/2016 L 1600006058Z		
3.		Date of filing/registration in Florida 4. Document number		
5. ((a)	Beatrice Frost		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		3536 W PLYMPTON ROAD		
		LAVREL HILL ,FL 32567		
(1	b)	(N/A - SAME)		
		Enter name of NEW Registered Agent and/of NEW Registered Office address		
		NEW Registered Office Address:		
		125 Bel Aire Drive		
		Crartica 1 22 -721		
		Crestriew FL 32536		
the cager was	t v we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.		
	C	Wooka Wesley ure of a member or authorized representative of a member NADIA WESLEY Printed or typed name of signee		
prov the c	isi obl ere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.		
Sign	atu	re of Registered Agent BEATRICE FROST		

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

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