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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

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## LLC REGISTERED AGENT CHANGE ALL AROUND DATA AND PHONES LLC

Certificate of Status	0
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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.

Na	me of the limited liability company: ALL ARG						
<b>(a)</b>	16544 FOREST LAKE DR.	(h) 165	544 FOREST LAKE DR.				
	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)				
	TAMPA, FL 33624	TAI	MPA, FL 33624				
	04/04/2016	L160	000066956				
	Date of filing/registration in Florida	4.	Document number				
(a)	ALLEN, TIMOTHY						
(")	Registered Agent and Registered Office shown on the records of						
	16544 FOREST LAKE DR.						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)					
	TAMPA	<sub>-L</sub> 33624 ···					
(b)	Registered Agents Inc.	ı	<b>18</b>				
(12)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	FEB.				
	3030 N. Rocky Point Dr.		SS 10 1				
	NEW Registered Office Address:		* 17				
	STE 150A						
	Tampa	<sub>FL</sub> 33607	÷ 💝				
ent ent as/w as art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the	laws of the State of the registered liability compars of the limited l	of Florida, it is hereby confirmed that after to office and the business office of the registery, it is hereby confirmed that the change(s) liability company or as otherwise provided it ity company.				
Sign	ature of a member or authorized representative of a member		Printed or typed name of signed				
herc ovis e ob mei	by accept the appointment as registered agent and c ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in criting of this change.						