LICONITES

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COVER LETTER

	ation Section n of Corporations				
SUBJECT: _	GRATEC F	Name of L	o Son	(0) LL lity Company	-C,
				, ,	
Dear Sir or Mad	dam:				
The enclosed R	egistered Agent/Regis	stered Office Ch	ange and fee	(s) are submitte	ed for filing.
Please return al	l correspondence con	cerning this mat	ter to the foll	owing:	
	Name of Per	son			
Greator	Firm/Compa	Scrie ny			
190 S	hady will Terral	е.			
Winer G	City/State and Z	<u> 3.2.}97.</u> ip Code			
USCAS E-mail ad	Plo G Gmail. 10 dress: (to be used for	n future annual re	port notificat	ion)	
For further info	rmation concerning th	is matter, pleas	e call:		
<u>Sohu</u>	Name of Person	at (7818 aytime Telephone Number
Registr Divisio Clifton 2661 E	ET/COURIER ADDI ation Section in of Corporations Building xecutive Center Circle ssee, Florida 32301		Regist Divisio P.O. B	ING ADDRES ration Section on of Corporati ox 6327 assee, Florida	ions
Enclos	ed is a check for the	following amou	ınt:		
ÇX \$ 25	Filing Fee		□ \$55 F	iling Fee & Ce	rtified 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:	7	070	Seno	(),		
2.	(a)	Principal office address of limited liability company: (b) 147						
		(Note: MUST BE STREET ADDRESS)			Idress of li <i>MAY BE</i>			
		Winer Park, Fl -2492.	, <u>m</u> e c		Park,	FI		7797_
								
		Sur 09,7016	L	160	00117	7 B	B	
3.		Date of filing/registration in Florida 4.			ent numl			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of St						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of St	State;					
		13302 Windly Oak CT. A.						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	<i>(</i> 1.)	John Cu=0110				7.	פכו	
((b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_					أسطعت
		and the state of t				31 Jan 2 M	1917 AUG 17	
		1970 Shuey Lell Terruce. NEW Registered Office Address!					17	-
		NEW Registered Office Address!					A.	
						103 H	ö	Contract
						Ş.II	<u>an</u>	
		Winder 6/WK , FL 37797						
If th	ie lir	mited liability company is not organized under the laws of the State of F	Floric	da, it i	s hereby	confirm	ned tha	at after
الرواد		nge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it	t is hi	プログロン	CONTINUE	ad that t	ha cha	marate)
was	/ W C I	re authorized by an affirmative vote of the members of the limited liabilities of organization of the operating agreement of the limited liability co	lity c	amna	ny or as	otherwis	se prov	vided in
		1 11/1/6			0,5	-2110		
		1 20			A-Si r typed nai	-		
the d	oblis ierel	v accept the appointment as registered agent and agree to act in this ca ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 66, by reflect a change in the registered office address, I hereby confirm that in writing of this change.	ipacii iy dut 05, F ut the	tv. I f ies, ai .S. O limite	urther as nd I am f r, if this ed liabili	gree to c amiliar docume ty comp	omply with a nt is be any he	with the accept with the accept of the accep
Sign	ature	of Registered Agent						