## 46000 122 212

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					





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## COVER LETTER

TO:	Registration Section Division of Corporations					
SHRII	TEULU ALLIANCE LLC	LLC				
(/(/////	Name of Limited Liability Company					
Dear S	iir or Madam:					
The en	nclosed Registered Agent/Registered Offi	ice Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Mark	L Powell					
	Name of Person		<del></del>			
	Firm/Company		<u> </u>			
040						
8125	5 Gabanna Drive					
	Address					
Sara	asota, FL 34231					
	City/State and Zip Code					
pow	ellml@outlook.com					
E:	E-mail address: (to be used for future ann	ual report noti	fication)			
For fu	rther information concerning this matter.	please call:				
Mark	L Powell	at (941	210-8341			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:			
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314				
	2661 Executive Center Circle Tallahassee, Florida 32301					
	Enclosed is a check for the following	amount:	<i></i>			
		<b>5</b> 4.5	555 Filing Fee & Certified Copy			
INHST	8 (2/14) / 持 5.00					

## **▶** 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.

l. Na	me of the limited liability company:	ANCE LL	.c _	
2. (a)		_ (b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	8125 Gabanna Drive		8125 Ga	abanna Drive
	Sarasota, FL 34231	_	Sarasota	, FL 34231
	06/24/2016	I	L160001	122212
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Powell, Mark L			
J. (u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:
	Powell, Mark L.			_2
	Registered Office Address (MUST BE FLORIDA STREET A		LAUS CALL	
	8125 Gabanna Drive			2018
	Sarasota	34231		<u>;</u>
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered C	)ffice add	ress:	E: 10: 05
	NEW Registered Office Address:			
	STE 300			
	St. PetersburgFL	33702		
the cha agent w was/we	imited liability company is not organized under the law- nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial creauthorized by an affirmative vote of the members of oles of organization or the operating agreement of the l	he regist bility con the limi imited li	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	are of a member or authorized representative of a member			Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have the writing of this change.  Bill Havre - Assistant	performa for in C ereby co	nce of my a hapter 605, nfirm that i	luties, and I am familiar with and accept

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

Signature of Registered Agent