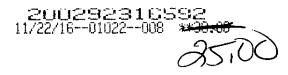
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(D-				
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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1. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
2070 NE 62ND ST, LLC SUBJECT:		
	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
BILL HAVRE		
Name of Person		
REGISTERED AGENTS, INC.		
Firm/Company		
3030 N. ROCKY POINT DRIVE #150A		
Address		
TAMPA, FL 33607		
City/State and Zip Code	•	
admin@incsmart.biz		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plo	ease call:	
Bill Havre	888 681-9777	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
≥ \$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	ame of the limited liability company: 2070 NE 62		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3030 N. ROCKY POINT DRIVE #150A	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33607		
	07/07/2016		L16000129230
3.	Date of filing/registration in Florida ROSS, MICHAEL J, JR.	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET 2181 NE 67TH ST. #601	ADDRESS)	
	FT. LAUDERDALE , F	L 33308	
(b)	REGISTERED AGENTS, INC.		22
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	-
	3030 N. ROCKY POINT DRIVE #150A		# 52
	NEW Registered Office Address:		
	TAMPA , F	_{L_} 33607	
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp of the limite te limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet sligations of my position as registered agent as provide rely reflect a change in the revistered office address, and in writing of this change.	gree to act in le performan led for in Chu l hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept spier 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signat	nure of Registered Agent	•	