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Certified Copies	_ Certificates	of Status
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FILING CANCELLED RETURNED CHECK



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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:

Name of 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 matter to the following:

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FILING CANCELLED RETURNED CHECK act Firm/Company Ale Address 33019 City/State and Zip Code Mai E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (818 Name of Person Area Code & Davtime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 **Clifton Building** Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy \$25 Filing Fee 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.

Name of the limited liability company: 1. 2. (a) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MAY BE POST OFFICE BOX) Note: Document number 3. Date of lorida 4. FILING CANCE 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: RNED CHE (MUST BE FLORIDA STREET ADDRESS) **Registered Office Address** 3 2 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Reg istered Office Addr NA If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating have ement of the limited liability company. Printed or typed name of signee Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent