L16000138469

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
0.05.10.7
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ML NL

Office Use Only



000317442530

08/27/18--01613--018 **25.00



COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: FINMATTERS WARRED	n uc					
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 m	natter to the following:					
DENNIS DOANE Name of Person						
FINMATTERS DEL / ONUNE TAN Firm/Company	10116 ACADEMY	18 MG 27 A				
	KWAY, SUITE 110	MRS 27 AN S				
City/State and Zip Code	746	EE. FLORIDA				
dennis. doane & online tracking. E-mail address: (to be used for future annual	acudemy . com report notification)					
For further information concerning this matter, ple	rase call:					
Dennis Duane Name of Person	at (727) 619 - 1007 Area Code & Daytime Teleph	none 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 amount:						
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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:FINM	ATTERS	ou,uc	
2 (-)		(b)	,	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	-	limited liability company: E POST OFFICE BOX)
	100 COLONIAR CENTER PARKEN	M	3760 C	MSEY KEY CD
	LAKE MANY, FL 32746	-	NOKomis	M 34275
	7/18/2016		L16 000 139	3469
3.	Date of filing/registration in Florida	4.	Document nun	nber
5. (a)	CT COMOLATION SYSTEM			
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	3760 CASEY KEY 60			25. 76
		211-		AH.
	NOKomis , FL		<u> </u>	五円 の 2分 の 二
(b)	DENNIS DOANE			J Z
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		E P S
				ORNIC STATE
	NEW Registered Office Address:			25 25 10 10 10 10 10 10 10 10 10 10 10 10 10
	1	SLIP IN	1	
	100 CHONIM CENTER PARKWAY	SUITE IT	<u>'</u>	
	LAKE MANY FL	327	16	
If the l	imited liability company is not organized under the law	s of the State	of Florida it is berek	ny confirmed that after
the cha	nge or changes are made, the Florida street address of	the registered	I office and the busing	ess office of the registered
	will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of			
	cles of organization or the operating agreement of the		ity company.	·
	W-Noz		UENNIS	DOANE
C	ture of a member or authorized representative of a member		Printed or typed	-
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided ely reflect a change in the registered office address. I have a complete in the registered office address. I have a complete in the registered office address. I have a complete in the registered of the	ee to act in th performance I for in Chapt ereby confiri	is capacity. I further of my duties, and I an wer 605, F.S. Or, if th n that the limited liab	agree to comply with the namiliar with and accept is document is being filed wilty company has been
Simatu	ro of Ragistered Agent			