1/600/140/78

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | · . |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

NHS18 (2/14)

| | Registration Section Division of Corporations | | | |
|------------|--|---|-------------|---|
| SUBJEC | SLASCH ENTERPRISES LLC | | | |
| | | mited Liability Company | | |
| Dear Sir | or Madam: | | | |
| The encl | osed Registered Agent/Registered Office Cha | nge and fee(s) are submitted for filing. | | |
| Please re | turn all correspondence concerning this matte | r to the following: | | |
| Co | Name of Person | | | |
| In | perial Maid Firm/Company | Service | | |
| 2 | 155 S. Federal Ho Address | my suite 20 | | |
| B | Oynton Beach City/State and Zip Code | FL 33435 | TALLARASES | |
| Inf E-r | nail address: (to be used for future annual repo | Service. net | | |
| For furth | er information concerning this matter, please | call: | 왕 참 원 | • |
| <u>Car</u> | Name of Person at (S | 561 853 881 Area Code & Davtime Telephon | Number | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | is i tumber | |
| 1 | Enclosed is a check for the following amoun | ıt: | | |
| (| \$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.

| l. Nan | ne of the limited liability company: SLASCH EN TERPRISES LLC |
|---------------------------------------|--|
| 2. (a) _ | 2755 S. Federal Hwy #20 (b) 2755 S. Federal Hwy #20 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| - | Boynton Beach Boynton Beach |
| | FL 33435 FL 33435 |
| - 3. | 7-26-2016 L1600140178 Date of filing/registration in Florida 4. Document number |
| 5. (a) _ | united States Corporation Agents, INC |
| ŀ | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| - 1 | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| _ | 13302 WINDING OAK COURT A |
| | TAMPA FL 33612 |
| ` ′ — | inter name of NEW Registered Agent and/or NEW Registered Office address: |
| <u>ç</u> ! | 2755 S Federal Huy #20 NEW Registered Office Address: Boynton Beach |
| - | FL_33435 |
| ne chan gent wi 'as/wer | nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ge or changes are made, the Florida street address of the registered office and the business office of the registered II be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in les of organization or the operating agreement of the limited liability company. |
| | Tre of a member or authorized representative of a member CAROL TWYMAN Printed or typed name of signee |
| hereby ovisión e oblig merel | re of a member or authorized representative of a member Printed or typed name of signee accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept stations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed we reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change. |
| | |

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

ignature of Registered Agent