44000/40727

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

Office Use Only



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12/09/16--01022--010 **35.00



D. SCOTT

JAN 6 2017



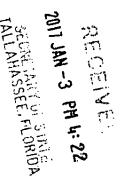
FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2016

RANDALL HEFFERNAN 6402 N LYNN AVE TAMPA, FL 33604

SUBJECT: SHARPER PROPERTIES LLC

Ref. Number: L16000140727



We have received your document for SHARPER PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00026314



COVER LETTER

	on Section of Corporations			
SUBJECT:	Sharper	Properties Name of L	LLC imited Liability Company	
Dear Sir or Madar	n:			
The enclosed Reg	istered Agent/Reg	istered Office Ch	ange and fee(s) are submitted for filing	ng.
Please return all co	orrespondence cor	ncerning this mat	ter to the following:	
Ror	Name of Pe	rson	<u>.</u>	
\$	Firm/Comp	derties <u>LLC</u> any		
(GYCA N L Address	YAA AWE		
	TAMPA, TZ City/State and Z	33604		SECON SECON
	City/State and Z	Zip Code		超复卫
E-mail addre	ess: (to be used for	Mail . Com future annual re	port notification)	SECTION OF THE CONTRACT OF THE
For further inform	nation concerning	this matter, pleas	e call:	JM -3 PM 12: 36 PHILIPPOP STATE ANASSEL TESHIDA
RANDUIL N	Heternan Jame of Person	at ((\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Registrati Division o Clifton Bo 2661 Exe	COURIER ADD on Section of Corporations uilding cutive Center Circ ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	is a check for the	e following amou	unt:	
≌ \$25 Fi	ling Fee		□ \$55 Filing Fee & Certified Co	рру
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	me of the limited liability company: Shares	Properties	,44			
2.	(a)	Principal office address of limited liability company:	_ (b)		g address of	limited liability company:	
		(Note: MUST BE STREET ADDRESS)				E POST OFFICE BOX)	
		TAMPA, FC 33624	_	TAM	M, FL	336d4	
		7/15/11		1110	na I Ha	717	
3.		Date of filing/registration in Florida	4,	Doci	unient nur	mber	
5.	(a)	DAN HETERMAN					
٠.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept.	of State:			
		16 Ado Brancoille Di				,	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	 ,			
		4					
		_					
(b) Rangel Hetlernen							
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						要認 コ	
						写 = 书	
		NEW Registered Office Address:				TILE MINES	
		6401 N LYM AVE			FILED		
						PH P.	
		TAMPA, FL	33604	· — — ——		2: 36 TATE ORID	
If ti	ne li	mited liability company is not organized under the law			it is herel		
the	chai	nge or changes are made, the Florida street address of t	he registered	office and	the busine	ess office of the registered	
was	/we	ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	the limited li	ability com	ipany or a	is otherwise provided in	
the	arue	eles of organization or the operating agreement of the li	imited liabilit	ty company	7. →		
-Si	gnati	are of a member or authorized representative of a member	DAN	/KF/c	ed or typed	name of signee	
I he pro the to n	ereb visio obli nere	y accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	a to not in thi	ie canacitu	Ifurthar	correcte complements the	
Sign	naturi	of Registered Agent					