1/6000145800

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

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SECRETARY OF STATE
ALLAHARSEE EL COMO

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	Speech South Associates LLC	;						
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning this i	matter to the	following:					
Gordy	y Rogers							
	Name of Person		_					
Spee	ch South Associates LLC							
	Firm/Company	. 148						
403 B	Bergen St., Apt. 2							
	Address		-					
Brook	klyn, NY 11217							
	City/State and Zip Code		_					
gordy	rogers@gmail.com							
E	-mail address: (to be used for future annua	l report notif	ication)					
For fur	ther information concerning this matter, pl	ease call:						
Gordy	/ Rogers	917 at (628-7525					
	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	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314					
	Enclosed is a check for the following ar	nount:						
	☑ \$25 Filing Fee	□ \$5	5 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.

i. Na	ame of the limited liability company: Speech Sout	h Assoc	iates LL0	<u> </u>	<u>.</u>			
2. (a))					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 44 Court St., Suite 910						
	44 Court St., Suite 910							
	Brooklyn, NY 11201		Brooklyn, NY 11201					
	8/3/2016		L16000145800					
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)				_				
	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Sta	le:				
	Steven T. Gold			_	7 6	_		
	Registered Office Address (MUST BE FLORIDA STREET) 421 Ponte Vedra Blvd.	ADDRESS	DDRESS)		4.C.	7		
						Ş	Τη	
	Ponte Vedra Beach F	L_32082		_	SSE TEN	-5	F	
					RETARY OF STATE AHASSEE, FLORIDA		Ш	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	_		₩	U	
					SE E	9		
	Northwest Registered Agent, LLC					ယ်		
	NEW Registered Office Address:			-				
	3030 N. Rocky Point Dr., Suite 150A			_				
	Tampa, F	L_33607		_				
the cha agent was/w the art	dimited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member of the accept the appointment as registered agent and agriculture of a member and statutes relative to the proper and completely reflect a change in the registered office address. It is writing of this change.	of the registiability control of the limited l	stered offic ompany, it nited liabili liability co rdy Roge	re and the business off is hereby confirmed the ty company or as other mpany. Its Printed or typed name of	fice of the nat the cha erwise pro-	registe inge(s) vided i	ered n	

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent