## 116000155573

(Rec	questor's Name)	
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(Doc	cument Number)	
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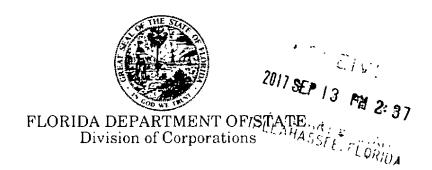
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FILED

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O SIMMONS



August 28, 2017

ANCILLA ANDRE 7017 DAVIT CIR LAKE WORTH, FL 33467

SUBJECT: ANDRE PRO TEAM, LLC

Ref. Number: L16000155573

We have received your document for ANDRE PRO TEAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate what changes are to be made on application

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

Letter Number: 917A00017698

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations	
ANDRE PRO TEAM, LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
ANCILIA ANDRE	
Name of Person	
ANDRE PRO TEAM, LLC	
Firm/Company	
7017 DAVIT CIRCLE	
Address	
LAKE WORTH, FL 33467	
City/State and Zip Code	
AANDRE2015@GMAIL.COM	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
AMOS ANDRE	561 635-2292
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

the state of

## 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

Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	• •	Mailing address of limite (Note: MAY BE POS	
7017 DAVIT CIRCLE, LAKE WORTH	վ, FL 		
33467			
08/19/2016	L16	000155573	
Date of filing/registration in Florida AMOS ANDRE	4.	Document number	
Registered Agent and Registered Office shown on the r		t. of State:	
Registered Office Address (MUST BE FLORIDA: 7017 DAVIT CIRCLE	STREET ADDRESS)		01K
LAKE WORTH	. FL 33467		17 SEP 13
			<b>3.</b> - U
SAME			04 C H
SAME  Enter name of NEW Registered Agent and/or NEW F	Registered Office address	<u>.                                    </u>	13 PM 4
Enter name of NEW Registered Agent and/or NEW R	Registered Office address	RZE	13 PM 4: 05
Enter name of NEW Registered Agent and/or NEW F	Registered Office address  Circl	RZE RZE	13 PM 4: 05

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 agreement of the limited liability company.

Signature of a member or authorized representative of a member

ANCILIA ANDRE

Printed or typed name of signee

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.

Signature of Registered Agent