## L16000156421

(Re	questor's Name)	
(Åd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	•

Office Use Only



600309462346

02/28/18--01014--017 \*\*25.00



HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Excelerace LLC Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michelle Suzano Name of Person	<del></del>	
Excelerace, LLC Firm/Company	<del> </del>	
12671 Langstaff Dr Address		
Windermere FL 347 City/State and Zip Code	186	
MSUZOUNO @ OCINGCHANG E-mail address: (to be used for future annual repo	e, com rt notification)	
For further information concerning this matter, please ca	all:	
Michelle Suzano at (at (	714 ) 345 3650 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 amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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. N	ame of the limited liability company:Excelence_LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	Windermere FL 34786 Windermere FL 34786
3.	Date of filing/registration in Florida  4. Document number
5. (a	in tal out a contract
	13302 Winding Oak Ct Registered Office Address (MUST BE FLOBIDA STREET ADDRESS)  A
(b)	Registered Agents InC  Enter name of NEW Registered Agen) and/or NEW Registered Office address:
	3030 N. Rocky Point Drive Ste 150A  NEW Registered Office Address:  NEW Registered Office Address:
	Tanpa FL 33607
the chagent was/v the-ar	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in tickes of organization or the operating agreement of the limited liability company.
I her provi the ou to me notifi	so accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change.
- orgna	ture of Registered Agent