7/6/2018

Division of Corporations



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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:

ZAHI MEISTER II C.

(a) <u>'</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Seminole, FL 33772		b) 3916 North Potsdam Avenue #1808 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	the first of the second of the		(Note: MAY BE POST OF FICE BOX)	
	Scrimole, 12 Corr2	•	Sloux Falls, SD 57104	
			Cloux Fullo, OD of To-	
		t.		
	 September 21, 2016		L16000176375	
•	Date of filing/registration in Florida	 4.	Document number	
	Peter T. Hofstra	••		
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	8640 Seminole Blvd.			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	-	
			in the state of th	
:	Seminole, 2011 (1994), 3 string	, FL 33772	2 mrs construction of Action	
4:	ation and that the application of the first of the second			
b):_	DeLoach, Hofstra & Cavonis, P.A.	H. J. 70		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	OC40 Cambala Plud		P OF THE STATE OF	
	8640 Seminole Blvd.			
	NEW Registered Office Address:		5m =	
			·	
	Seminole	33772		
		, FL_ 00	<u> </u>	
char	Seminole mited liability company is not organized under the nge or changes are made, the Florida street addres	s of the res	e State of Florida, it is here	
s/we	rill be identical. Or, in the case of a Florida limite re authorized by an arripmative vote of the membe cles of organization of the operating agreement of	ers of the lis	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.	
			onald Hiemann	
ignan	ure of a member of authorized representative of a member		Printed or typed name of signee	
visió obli nere	by accept the appointment as registered agent and compose of all statues relative to the proper and compositions of my position as registered agent as proving reflect a change in the registered office address in writing of this phange.	agree to ac lete perform vided for in s, I hereby	ct in this capacity. I further agree to comply with t nance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fi confirm that the limited liability company has been	

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