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## **COVER LETTER**

TO: Registration Section Division of Corporations In Recognition IIc	
SUBJECT: N	the of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fec(s) are submitted for filing.
Please return all correspondence concerning	his matter to the following:
Sabrina D Trent	
Name of Person	
In Recognition IIc	Text
Firm/Company	
12173 Trailhead Dr	
Address	
Bradenton, FL 34211	
City/State and Zip Code	
inrecognition3@gmail.com	
E-mail address: (to be used for future a	inual report notification)
For further information concerning this matter	il r. please call: II
Sabrina Trent	937 726-4686 at ( )
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 Tallahassec, Florida 32314
Enclosed is a check for the followin	g 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

ursua ubmits Iorida	7.	114 or 605.0116, change its regi In Recognition		atutes, the undersigned limited liability compace or registered agent, or both, in the State	ny O
l. Na	me of the limited liability company: 12173 Trailhead Dr., Bradentor			ame	_
2. (a)	Principal office address of limited lia (Note: MUST BE STREET A	ility company:	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	10/2016	<u> </u>		6000191876	
5. (a)	Date of filing/registration in Legal Corp Solutions IIc	Riorida	4.	Document number	
5. (a)	Registered Agent and Registered Office show	on the records of the	ne Florida Dept.	ot. of State:	
	Registered Office Address (MUST BE F) 3440 W Hollywood Blvd., Ste	ORIDA STREET A 115	DDRESS)	——————————————————————————————————————	
	Hollywood	, FL	33021	TALLAHASS	
(b)	Sunshine Corporate Filings LL	<b>H</b> C <b>H</b>		m^ (1	ļ
(0)	Enter name of <u>NEW Registered Agent</u> and/o	NEW Registered (	Office address:	PR 5- 20 E. FLORID	כ
	NEW Registered Office Address: 3030 Rocky Point Dr				
	Tampa	, FL	33607		
Signat  Signat  I herel brovisit he oblio o mere	will be identical. Or, in the case of a fere authorized by an affirmative cote of eles of organization or the operating a less of a member of authorized representative on a coent the appointment as registers.	lorida limited lia in the members of greement of the l	bility compains the limited limited liabili Sabrina	nte of Florida, it is hereby confirmed that after ed office and the business office of the register, any, it is hereby confirmed that the change(s) diability company or as otherwise provided in ility company.  Printed or typed name of signee  This capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filerm that the limited liability company has been	10
Signatus	re of Registered Agent	12/1			