16000193149

(Requestor's Name)					
(Address)					
	(Áddi	ress)			
((City/	/State/Zip/Pho	ne #)	·	
PICK-UP)	☐ WAIT		MAIL	
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COVER LETTER

Division of Corporations					
SUBJECT: Flagler Stop L Name of Li	mited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Greg Sturgis Name of Person					
Serpentine Group Inc Firm/Company	·				
407 Idlewyld Drive Address					
Fort Lauderdale FL 33301 City/State and Zip Code					
offshoree @ aol.com E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Creq Sturgis at (454) 523 4434 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	lame of the limited liability company:F[ag]	er	Stop	UC
2. (a)		Œ))	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	407 Idlewyld Drive			
	Fort Laudindale FC 33301	_		
2	10/19/2016		L16	000193149
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Serpentine Group LLC		 	_
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET A			
	407 Idlewyld Drive			_
	407 I Dlewyld Drive Fort Lauderdale, FL	<u>3</u> 33	301	_
(b)	California Tarin			16 c
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	60.00
				SSEE SSEE
	NEW Registered Office Address:			
	407 Ideuald Drive			FSTATE FLORID.
	407 Ideuald Drive Fort Landerdale FL	333	301	
agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regis bility co f the lim	stered office ompany, it sited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		<u></u>	G	Printed or speed name of signee
I here provis the ob to me	eture of a member or authorized representative of a member eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act perform for in (ereby co	in this car	nacity. I further garee to comply with the
Signat	ure of Registered Agent			