

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
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SECRETARY OF STATE

DEC 0: 2019

D CUSHING

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	6855 3G Partners LLC				
301,01.01		ame of Limited 1	Liability Company		
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	this matter to the	e following:		
Bart Sherwo	ood				
	Name of Person				
6855 3G Pa	irtners LLC				
	Firm/Company				
6901 Edgew	rater Drive 324				į
	Address			19 0	7.5 E.S.
Comil Caklo	. Et 22122			- 33	ECRITARY OF STATE SIDM OF CORPORATIONS
Coral Gable				2	- 7.3. - 7.3.
	City/State and Zip Code	;		MH11: 26	- 25 or - 25 or
	43@gmail.com				
E-ma	il address: (to be used for future a	nnual report noti	fication)	ണ	- 9. - 9.
For further	information concerning this matt	er, please call:			,
Bart Sherwo	ood	786 at (553-1311		
	Name of Person		Area Code & Daytime Telephone Number		
Mailing Address:			Street Address:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
	D. Box 6327		The Centre of Tallahassee		
la	llahassee, FL 32314		2415 N. Monroe Street, Suite 810		
			Tallahassee, FL 32303		
En	closed is a check for the followi	ng 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. Na	ame of the limited liability company: 6855 3G Partners	LLC					
2. (a)	Bart Sherwood		(b) Bart Sher	wood			
2 . (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 6901 Edgewater Dr 324				
	6901 Edgewater Dr 324						
	Coral Gables, FL 33133		Coral Gab	les, F1, 33133			
	1/1/2017		L17000000	509			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Joseph A DeMaria						
5. (a)	Registered Agent and Registered Office shown on the records of	e:					
	Registered Office Address (MUST BE FLORIDA STREET) 6000 NW 77 Ct	<u>ADDR</u>	ESS)	_	19 0	11 ₹15 12 €	
	Miami . FI	3316	<u></u>	_	- 03	표표 3합	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			; !	AM II: 26	Relly'sta	
	NEW Registered Office Address:	_		:			
	6901 Edgewater Drive 324	_					
	Coral Gables, Fl	3313. L	3	_			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization of the operating agreement of the	regis ability of the limite	tered office an company, it i limited liabilit	id the business office of s hereby confirmed that ty company or as otherw	the regis	stered ige(s)	
Signa	Signature of a member or authorized representative of a member			Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	rce to perford for thereb	act in this cap rmance of my in Chapter 602 y confirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comply r with a sent is be pany ha	with the nd accept ging filed s been	
Signatu	ere of Registered Agent						