217000012471

	_	
(Reque	stor's Name)	
(Addre	ss)	
(Addre	55)	·
·	,	
/City/C	tate/Zip/Phone #)	
(City/S	iate/Zip/Prione #)	•
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
(,	
On Afficial Continue	C	C+=+
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	

Office Use Only



400307942554

01/23/18 -01014 -030 **25,00

FILEU 2018 JAN 23 P 2: 1 SECRETARY OF STATE

D. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sidon 15 E	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
John C Sidenis Name of Person	
· NA - Firm/Company	
1339 NF 29+h Address	Temaca = = =
Jensen Beach F City/State and Zip Code	- <u>C 349</u> 57
E-mail address: (to be used for future ann	mail, com ual report notification)
For further information concerning this matter,	please call:
John C. Sidonis Name of Person	at (<u>570)</u> <u>233 6276</u> 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:
S25 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.

Florida	is the following statement in order to change its registered by the change its registered by the change its registered by the statement in order to change its registered by the chan
1. Na	ume of the limited liability company: Sidenis Enterprises LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) SA m C Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1339 NE 3946 Terrace
	Jensen Beach FC 34957
3.	Date of filing/registration in Florida L 1700012471 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) United States Corporation Agents Inc. 13302 Winding Ook Court & Tampe FL 33612
(b)	John Sidon is Sinter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address: The Same Register Address:
the ch agent was/w the ar	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange 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 ticles of organization or the operating agreement of the limited liability company.
Sim	ature of a member or authorized representative of a member Printed or typed name of signee
1 heroprovi: the of to me	eby 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 acceptifications of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed oligations 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 the change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent