## L17000041509

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(Address)	
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: Oca 19 Floors And Move LIC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Remigio Jesus Quiros Name of Person		
Ocala Floors And More LIC Firm/Company		
15 dogwood trail PL Address		
OCIA/19 FL 3447Z  City/State and Zip Code  •		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Andrie Sianci Prijan at (813) 817-9106  Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\Bigcup \$55 Filing Fee & Certified Copy		

## 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

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Florida.	
1. Name of the limited liability company: Ocial Floors AN  2. (a) 15 dog wood trail PL ocity FL (b) 15 dog  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida 4.	Document number
5. (a) ANDRIE SANCIPRITA Registered Agent and Registered Office shown on the records of the Florida Dept. of State	ee:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  15 dogwood the fill PL  OCAIA FL 34472  (b) Remission Jesus Quillos Enter name of NEW Registered Agent and/or NEW Registered Office address:	FILED  19 JUN-3 PM 2: 54  SECRETARY OF STATE TALL AHASSEE PLORIDA
15 dogwood tehil FL  NEW Registered Office Address:	_
OCA1A .FL 34477	• •
If the limited liability company is not organized under the laws of the State of Flathe change or changes are made, the Florida street address of the registered offic agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
Signature of a member or authorized representative of a member	Stanci Pairt V  Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60, to merely reflect a change in the registered office address, I hereby confirm that motified in writing of this change	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signature of Registered Agent	

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