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(Re	questor's Name)	
bA)	dress)	
		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: The Three Best UC 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:		
Carlos A. Saldarriagh Name of Person		
The three Bast UC. Firm/Company		
11260 Ranch Creez Ter. Spt 404		
Bradonten FC 34211 City/State and Zip Code		
Carlo Saldarriage 1 @ gmail. Com. E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Carlos Salcarriaga at 365 363 3688 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 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$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 Florida.

Profile.	
1. Name of the limited liability company: The Ihree Best CLC	
2. (a) 11260 Erch Cleck Tel A) 204 (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
Bradenton FC 34211	
03-02-2017 17000048553	
3. Date of filing/registration in Florida 4. Document number	
5. (a) Carlos A. Saldarriga	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Registered Office Address (INCST DE TROMBA STREET TO TO	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Diadento	LLI
	<u> </u>
(b)	-
9937 N.W. 10th st	
NEW Registered Office Address:	
_Wta	
MIGMI .FL 33172	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that is	after oistered
the change or changes are made, the Florida street address of the registered office and the business office of the re agent will be identical. Or the the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an arithmative vote of the members of the limited liability company or as otherwise provides the company of the limited liability company or as otherwise provides the limited liability company or as otherwise provides the limited liability company.	2015)
the articles of organization by the operating agreement of the limited liability company. CARIS A SAIDARRIAGE	λ
Signature of a member a duthorized representative of a member CARIUS A SAZOARRIA 6 Printed or typed name of signee	*
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply of provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with another obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has notified in writing of this change.	vith the d accept ng filed been
Signature of Registered Agent	



September 6, 2017

CARLOS A SALDARRIAGA 11260 RANCH CREEK TER #404 BRADENTON, FL 34211

SUBJECT: THE THREE BEST LLC Ref. Number: L17000048553

We have received your document for THE THREE BEST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00018435

Karen A Saly Regulatory Specialist II

LLAHASSTE, OURIDA