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HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SURI	FINGERS AND SINGERS,	LLC					
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
SEA	N BEIRNES						
	Name of Person		_				
FING	ERS AND SINGERS, LLC						
	Firm/Company						
6500	CHASEWOOD DR APT F						
	Address						
JUPI	TER, FL 33458						
	City/State and Zip Code						
sean	@fingersandsingers.com						
Ī	E-mail address: (to be used for future and	nual report notif	ication)				
For fu	rther information concerning this matter	, please call:					
Sean	Beirnes	561	676-6453				
	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	Re Di P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
	Enclosed is a check for the following	g amount:					
	☑ \$25 Filing Fee	□ \$3	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	me of the limited liability company: FINGERS AND	SIN	GE	:RS, LL	_C			
2. (a	a)	6500 CHASEWOOD DR	(b) 6500 CHASEWOOD DR						
	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (· · / _		Mailing address of limited lie			
		APTF	_	/	APT F				
		JUPITER, FL 33458	-	_	JUPITE	R, FL 33458			
		03/07/2017		L	170000	052840			
3.		Date of filing/registration in Florida	4.			Document number			
5. (a)	BEIRNES, SEAN T							
٠. (,	Registered Agent and Registered Office shown on the records of th	e Floric	ia D	ept. of Stat	 ite:			
		18115 125TH AVE N							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		···					
						Ξ.		9 4 9	
		JUPITER .FL3	33478	3		- - -		a Fay	Grant Control
(b)	b)	BEIRNES, SEAN T				in i on i on i on i	-	-	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddre	<u>:SS</u> :	T FLBA	- <u>Ł</u>	5 .	prette.	
		6500 CHASEWOOD DR				ekilo A		л -	STEET OF
		NEW Registered Office Address:							
		APT F							
		JUPITER, FL	33458	3		_			
the cagen was/	ha it w we	imited liability company is not organized under the law- nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility of the lini imited	giste com mite Hial	red offic pany, it i ed liabilit bility cor	ce and the business office is hereby confirmed that ty company or as otherwing any.	e of t the c	he r chan	egistered ige(s)
	<u>Ž</u> ,	a Bernoo	Se	ean	Beirne				
_		ure of a member or authorized representative of a member				Printed or typed name of s			
prov the o to m	isi obl ere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I ha I in writing of this change.	e to ac erforn for in ereby c	ct in man Ch con	this cap ce of my apter 60. firm that	pacity. I further agree to duties, and I am familio 15, F.S. Or, if this docun t the limited liability con	o con ir wit nent i npany	ipty th ai s be v ha.	with the id accept ing filed s been

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

Signature of Registered Agent