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(Requestor's Name) (Address) (Address)	600299356516
(City/State/Zip/Phone #)	600293356515 05/25/1701015002 **35.00
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Office Use Only	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2017

BRIAN D DOSS 5796 SW 34TH ST. MIAMI, FL 33155

SUBJECT: OUR RELATIONSHIP LLC Ref. Number: L17000054436

We have received your document for OUR RELATIONSHIP 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 917A00010680

AH H RECEVE 2017 JUL 20

www.sunbiz.org

## COVER LETTER

TO: **Registration Section Division of Corporations** 

Our Relationship LLC SUBJECT:

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:

Brian D Doss Name of Person Our Relationship LLC Firm/Company 5796 SW 34th St. Miani, FL 33155 City/State and Zip Code blass@miani\_ela For further information concerning this matter, please call: Brian Duss at (979) 204-1004 Area Code & Daytime Telephone Number MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following 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 Elorida Florida

	· · ·			
1. Name of the limited liability company:	Our Re	lation Sl	ij LLC	
2. (a) 5796 SW 34th St.				34th St.
Principal office address of limited liabilit ( <u>Note: MUST BE STREET ADDI</u>	y company:		-	limited liability company: E POST OFFICE BOX
M.ani FL 3315	5		Michi F	L 331.55
3/8/2017		<u>L</u> 170	0000544	136
3. Date of filing/registration in Flo			Document nur	nber
5. (a) Legal Inc Corpo	rate Seri	rice is i	Lac	
Registered Agent and Registered Office shown on <u>5237</u> <u>Summerin</u> Registered Office Address <u>(MUST BE FLOR</u>	Conners S NIDA STREET ADDR	ESSI		DIVISION
Fort Myers	, FL	<u>, a) 2' 2' 2' 2</u>	<u> </u>	JUL 20
(b) Brian D. Dor				
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> 5796 SW 39th		<u>address</u> :		AH 10: 53
NEW Registered Office Address:				
Miani	, FL	33155	<b>.</b>	
If the limited liability company is not organized the change or changes are made, the Florida stre agent will be identical. Or, in the case of a Flor was/were authorized by an affirmative vote of the the articles of organization or the operating agree	eet address of the r ida limited liability he members of the	egistered off y company, limited liab ed liability c	fice and the busin it is hereby confir ility company or a	ess office of the registe med that the change(s) as otherwise provided in
Signature of a member or authorized representative of a	member		Printed or typed	name of signee
I hereby accept the appointment as registered of provisions of all statutes relative to the proper of the property of the prop	agent and agree to and complete perfo	act in this commance of n	apacity. 1 further my duties, and 1 and 15 F.S. Ow 16 d	r agree to comply with t m familiar with and acc

The obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

B/4 C

Signature of Registered Agent

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