## 11700054481

(Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
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J. LEGGETT JUN 1 4 2016

## COVER LETTER

TO: Registration Section Division of Corporations	
8605 West Sample Road Coral SUBJECT:	Springs Florida 33065 Unit112 LLC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ryan Smollar	
Name of Person	
Firm/Company	<del></del>
1801 N. Flagler Drive Unit 105	
Address	
West Palm Bech FL 33407	
City/State and Zip Code	
smollarlaw@gmail.com	
E-mail address: (to be used for future annual i	report notification)
For further information concerning this matter, plea	ase call:
Maribel Garcia	201 2141568
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 am	ount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## STÅTEMENT 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.

I. N	nne of the limited liability company:	8605 West Sa	mple	Rd Cd	oral Sprin	gsFlorida 330	065 Unit112	LLÇ
2. (a)				(b)				
	Principal office address of limited fi (Note: MUST BE STREET)	ability company: I <i>DDRESS</i> )	_	(*/	Mailing	g address of limited e: MAY BE POST		:
	3000 Riverside Drive, Unit #3	10-1		300		de Drive, Unit		
	Coral Springs, Florida 33065		_			s, Florida 330		
		-	_			<del></del>		
	3/8/17			L170	0005448 <sup>,</sup>	1		
3.	Date of filing/registration in	Florida	4.		Docu	ment number		
5. (a)	Wilman Garcia							
	Registered Agent and Registered Office show	vii on the records of th	e Flori	la Dept. u	f State:			
	Wilman Garcia							
	Registered Office Address (MUST BE F	LORIDA STREET AL	DDRES	<u>(S)</u>	<del></del>			
	3920 NW 109TH AVENUE						<i>:</i> ^	<u>ب</u> ده
	CORAL SPRINGS, FL	, FL <sup>3</sup>	3065		<del></del>		: •	
					<del></del>		٠	
(b)	Enter name of NEW Registered Agent and/o						×;-	
	Enter name of NEW Registered Agent and/o	or NEW Registered O	office a	dress:			-•1 • .	E.
	Wilfredo Leon-Alfaro						ن د رواده	F
	NEW Registered Office Address:	•					7	<u>ئا</u> ك
	3000 Riverside Drive, Unit #31	0-1					<b>≱</b> ∙	
	Coral Springs, Florida 33065	, FL						
gent wi vos/wer he artic Signifu I hereby ravisio he oblig o merel otifica	mited liability company is not organized or changes are made, the Florida and the identical. Or, in the case of a Five authorized by an affirmative vote of less of organization or the operating a few of a member or authorized representative or accept the appointment as registered as of all statutes relative to the property of the case of a change in the registered of the property of the case of this change.	ted under the laws street address of the lorida limited liab of the members of the lingreement of the lingramment of the lingramment and agreement and agreement and complete pegent as provided for address. They	of the regility ed the lin mited	State of stered of stered of stered of stered liability in this sance of Chapter on firm to	f Florida, in ffice and the it is hereboility compounds.  Printed Printed capacity. I my duties, 605, F.S. Char the limit	ne business office y confirmed that y confirmed that y any or as other or typed name of some familiary that is documentally the disability confirmed hability confirm	ce of the registe at the change(s) wise provided in	n
,	Division of Corpo	rations• P.O. Box FILING FEE	x 6327 L: \$25.	• Talla 00	hassee, FL	. 32314		

INHS18 (2/14)