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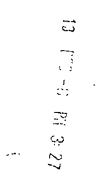
(Requestor's Name)					
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	111 25TH ST N, LLC					
20174	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	e following:			
Grego	ory S. Oropeza, Esq.					
	Name of Person					
Orope	eza, Stones & Cardenas, PLLC					
	Firm/Company					
221 S	Simonton Street					
	Address					
Key V	Vest, FL 33040					
	City/State and Zip Code					
greg@	@oropezastonescardenas.com					
E	-mail address: (to be used for future ann	ual report not	ification)			
For fur	ther information concerning this matter,	please call:				
Gae (Ganister	305 at (294-0252			
	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		R D P	egistration Section bivision of Corporations O. Box 6327 allahassee, Florida 32314			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18	3 (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. N	ame of the limited liability company: 111 25TH S	T N, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12 Kingfisher Lane	Sa	me as principal office.
	Key West, FL 33040		
		 _	
	03/10/2017	L170	000055900
3.	Date of filing/registration in Florida	4.	Document number
5. (a))		
v. (a,	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	Gaunce Law		
	Registered Office Address (MUST BE FLORIDA STREET		
	2719 1st Ave. N	<u>. </u>	
	St. Petersburg	_L 33713	
			
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	1 ·
	NEW Registered Office Address:	_	 (မွ
	221 Simonton Street		: 27
			
	Key West	_L 33040	
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tree authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compar s of the limited l ne limited liabili	l office and the business office of the registered ny, it is hereby confirmed that the change(s) lability company or as otherwise provided in
Signature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	why accept the appointment as registered agent and a cions of all statutes relative to the proper and complet digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to act in th le performance led for in Chapt I hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signat	ure of Registered Agent		