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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	Filling Officer.	

Office Use Only



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G. GOLDEN
JUN 2 2 2019

COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations		
SUBJEC		of Limited Liabilit	y Company
Door Sir	or Madam:	•	
Dear Sir (or iviagam.		
The enclo	osed Registered Agent/Registered Offi	ce Change and fee(s)	are submitted for filing.
Please ret	urn all correspondence concerning thi	s matter to the follow	ving:
lleana k	(wasniowski		
	Name of Person		
WITG L	LC		
	Firm/Company		
13049 F	Poinsettia Avenue		
	Address		
Semino	le, FL 33776		
	City/State and Zip Code	-	
monk12	88@icloud.com		
E-m	ail address: (to be used for future annu	al report notification	n)
For furthe	r information concerning this matter,	olease call:	
Ileana K	wasniowski	727 6	92-9128
	Name of Person	_ `` \/ _	a Code & Daytime Telephone Number
R6 D C1 2 <i>6</i>	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee. Florida 32301	Registra Division P.O. Box	vG ADDRESS: tion Section of Corporations t 6327 see, Florida 32314
E	nclosed is a check for the following	imount:	
2	\$25 Filing Fee	🗆 \$55 Fili	ng 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.

(a)	(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
	13049 POINSETTIA AVENUE		13049 POINSETTIA AVENUE		
	SEMINOLE, FLORIDA		SEMINOLE, FLORIDA		
	4/3/17		117000074507		
	Date of filing/registration in Florida	4.	Document number		
(a)					
(4)	Registered Agent and Registered Office shown on the records	of the Flori	ida Dept. of State:		
	UNITED STATES CORPORATION AGE!	NTS, INC	C		
	Registered Office Address (MUST BE FLORIDA STREE		2		
	registered Office Address (INUST DE L'EURIDA STREE	TADDRES	<u>ss)</u>		
	13302 WINDING OAK COURT, A	ET ADDRES			
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(b)	13302 WINDING OAK COURT, A TAMPA	_{FL} 3361	2 AM 8:		
(b)	13302 WINDING OAK COURT, A	_{FL} 3361			
(b)	13302 WINDING OAK COURT, A TAMPA	_{FL} 3361			
(b)	13302 WINDING OAK COURT, A TAMPA Enter name of NEW Registered Agent and/or NEW Registered	_{FL} 3361			
(b)	13302 WINDING OAK COURT, A TAMPA Enter name of NEW Registered Agent and/or NEW Registered ILEANA KWASNIOWSKI	_{FL} 3361			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Mana	hwandasui

ILEANA KWASNIOWSKI

Signature of a member or authorized representative of a member

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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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.

DULLIAG WWW WW.

Signature of Registered Agent