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S. WARREN JUL 0 6 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Strain Company Name of Limited Liability Company				
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:				
Name of Person				
Bà H CTVading UC Firm/Company				
1500 W. South part Rd				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
WY SUM BY OWN at (321) 805 1525 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 amount DN25 Filing Fee	: D \$55 Filing Fee & Certified Conv			

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.

L. N	ame of the limited liability company:	h Ciradina	, Ul
2. (a)	Scolusa Hypert Rel	(b) 20 80X 5	581328
	Principal office address of limited liability company:		ess of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: M.	AY BE POST OFFICE BOX)
	KISS F1 341)41	16155	II 3(1758)
	5-(-1')	1-1-100	20964915
3.	Date of filing/registration in Florida	4. Documen	t number
5. (a)	B& Chrading LL	C-Kristen Br	7640
	Registered Agent and Registered Office shown on the records of the		
	1500 W. JOWEN Pa	A-120	
	Registered Office Address	DDRESS)	
	ViSS +1 34	741	
	, FL_		ω
	now produces only		ED PM 2: 00 (E. Alokio
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	₩ 2
		omec address.	
	4998 Oren Brown	Rd	•
	NEW Registered Office Address:		
	V . 0 C	2117111	
	<u></u>	<u>SY 146</u>	
If the	imited liability company is not organized under the law	s of the State of Florida, it is	haraby confirmed that after
the ch	ange or changes are made, the Florida street address of t	he registered office and the b	usiness office of the registered
agent	will be identical. Or, in the case of a Florida limited lial	bility company, it is hereby co	onfirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the I	the united hability company imited liability company	or as otherwise provided in
ĺ	KANNUV	Vinsten	15 mm
Sign	tive of a member or authorized representative of a member	Printed or 1	yped name of signee
I here	by accept the appointment as registered agent and agre	e to act in this capacity. I fin	ther agree to comply with the
provis	ions of all statutes relative to the proper and complete p	performance of my duties, and	H am familiar with and accept
to mer	ligations of my position as registéred agent as provided ely reflect a change in the registered office address. The d'in wrying af mix Aumps	ereby confirm that the limited	Thability company has been
maine			

Signature of Registered Agent