L170000 99367

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·			
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
-					

Office Use Only



000342761470

04/09/20--01005--010 ++25.00

RA Change

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THUMEN BELL Name of Limit	LLC ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
RUMERT BEW Name of Person			
Firm/Company			
1825 T ST NW #205 Address			
WASHINGTON, DC ZOUS 9 City/State and Zip Code		20 %	• • • • • • • • • • • • • • • • • • • •
robert bell. IVP. gmail. um E-mail address: (to be used for future annual report		(O)	
For further information concerning this matter, please ca	all:	MID: 25	
Ruppen BELL at (9) Name of Person	Area Code & Daytime Telephone Number		0K3
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
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 Florida.

I. Na	me of the limited liability company:	en	BE	U. 1	11			
2. (a)	5080 NOCKAN DR HZA	,	(b)	5080	N.	OCEAN	DR :	¥2A
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	(0)_	Ма	iling add	dress of limited	liability co	ompany:
	RIVIERA BEACH, EL	_		RIU	HELLA	- BEAC	H, F	
	33404	.		<u> </u>	_	- BEAC	3409	7
	MAY 25,2017			4170	000	99367		
3.	Date of filing/registration in Florida	4.				nt number		
5. (a)	UNITED STATES CORP. AGENTS, INC							
J. ()	Registered Agent and Registered Office shown on the records of the	e Floric	da Dej	ot. of State:				
	5575 S SEMBRAN BULD BUIL	TE.	36					
	Registered Office Address (MUST BE FLORIDA STREET AL							
							- >	.•
	ORANDO	20	0.1				3	
	The state of the s	26	200	<u></u>			ر زر	_
(b)	ROBERT BELL						۵	
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice a	ddres	s:			Ξţ	<u> </u>
				-			F. 10: 52	ショ 名式
	_ 5U8U NOCEAN DR BZA						ر. بر.	
	NEW Registered Office Address:							~~;
	RIVIERA BEACH							
			- 44					
	, FĹ	53	340	7				
agent was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable authorized by an affirmagive yote of the members of	egister ility c the lir	red o :ompa mited	ffice and t iny, it is h liability c	he busi ereby c compan	iness office confirmed the	of the reg at the cha	gistered ange(s)
the arti	cles of organization of the operating aggreement of the lin	nited	liabi	lity compa	ıny.		•	
				COBERT	BEL	CPRES typed name of	DENT	,)
	ure of a member of authorized of presontative of a member							
provision the oblication to mere	by Accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f It reflect a change in the registered office address, I her I'in writing of this change.	to ac erforn or in reby c	et in t nance Chaj confir	his capaci of my du oter 605, F m that the	tv. I fu ties, an T.S. Or Himited	irther agree d I am famil t, if this docu d liability co	to compliar with a ment is to ment is to mpany h	y with the and accept being filed as been
Signatu	re of/Registered/Agent							
Signatul								
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00								