5/30/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001724953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__ LLC REGISTERED AGENT CHANGE ά'n SPEARFISHING REVIEWS, LLC Certificate of Status Certified Copy 1 0.3 Page Count Estimated Charge \$55.00

Electronic Filing Menu Corporate Filing Menu

Help

		COVE	R LETTER	p.	· · ·
	ration Section on of Corporations				
SUBJECT: S	PEARFISHING REVIEWS	LLC			
SUBJECT:	Nam	e of Limite	d Liability Com	bany	
Dear Sir or Ma	dam:				
The enclosed R	tegistered Agent/Registered Offi	ce Change	and fee(s) are su	bmitted for	filing.
Please return a	Il correspondence concerning thi	s matter to	the following:		
Cheyenne N	Moseley				
	Name of Person				
Legalzoom.	com, Inc.				
	Firm/Company				
101 N. Bran	d Blvd., 10th Floor				
	Address				
Glendale, C	A 91203				
	City/State and Zip Code				
spearfishing	reviews@gmail.com				
E-mail ac	dress: (to be used for future ann	ual report n	otification)		
For further info	ormation concerning this matter.	please cail:			
Cheyenne N	Noseley	800 at (773-08	388 ext 97	24
	Name of Person	(Area Code	& Daytime	e Telephone Number
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assec, Florida 32301		MAHLING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Fl	etion porations	Į.
Enclos	sed is a check for the following	amount:			
□ \$25	Filing Fee	C	\$55 Filing Fee	& Certifico	d Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.0114 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.

2. (a)	9357 SW 77th Ave., Apt. #611 Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS) Miami, FL 33156	(b) <u>_</u>	9357 SW 77th Ave., Apt. #611 Mailing address of limited liability company:
. (0)	(Note: MUST BE STREET ADDRESS)	_ (0)_	
	Miami, FL 33156		(Note: MAY BE POST OFFICE BOX)
		<u> </u>	Miami, FL 33156
	05/04/2017		17000099372
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Aris A. Isa, Jr.		
•	Registered Agent and Registered Office shown on the records of 9357 SW 77th Ave., Apt. #611	the Florida Do	epi, of State:
	Registered Office Address (ATUST BE FLORIDA STREET)	ADDRESSI	
	Miami	33156	
(b)	UNITED STATES CORPORATION AGENTS	S, INC.	30
(0)	Enter name of NEW Registered Auent and/or NEW Registered	Office addre	
	13302 WINDING OAK COURT, SUITE A		# F & & = = = = = = = = = = = = = = = = =
	NEW Registered Office Address:		
	TAMPA FL	33612	
the cha agent v	imited liability company is not organized under the lange or changes are plade, the Florida street address of will be identical. Of in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization of the operating agreement of the	ws of the St the register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	ANN X	` Aris I	
_	ture of benember or buthorized representative of a member		Printed or typed name of signee
nougle	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETAR STATES CORPORATION AGENTS, INC.		n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 505, F.S. Or, if this document is heing filed firm that the limited liability company has been