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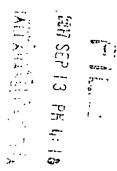
(Re	questor's Name)	
(Ad	dress)	
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()	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	164 Seminole Avenue, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to the fol	llowing:			
Mark	A. Bullock					
	Name of Person					
First /	American Exchange Company, Ll	LC				
	Firm/Company		•			
215 S	South State Street, Suite 380					
	Address					
Salt L	ake City, UT 84111					
	City/State and Zip Code					
james	sheid77@bellsouth.net					
E	-mail address: (to be used for future and	nual report notifica	ition)			
For fur	ther information concerning this matter	, please call:				
Mark	A. Bullock	801	578-8851			
	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	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
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.

1.	Na	ame of the limited liability company: 164 Seminole	Avenu	e, LLC				
2.	(a)	215 South State Street	_ (b)	215 Sou	th State Str	eet		
	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)		Mailing address o (Note: MAYB		-	
		Suite 380	_	Suite 380	0			
		Salt Lake City, UT 84111	_	Salt Lake	e City, UT 8	4111		····
		June 30, 2017	1	_1700014	2099			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)	James Nield						
٥.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	;			
		241 Jungle Road						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
		Palm Beach FL	33480			 	55	
	(b)	James Held					细I SEP	• · · ·
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:			- w	2
		241 Jungle Road				13	PH	
		NEW Registered Office Address:					나: 면	
						II.	س نب)	
		Palm Beach , FL	33480					
the ag wa the	ent vas/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	the regis bility con the limi limited li	tered office mpany, it is ted liability	and the busing hereby configured to the company or a pany.	ness off rmed th as other	ice of a the rwise p	the registered change(s)
	•	ture of a member or authorized representative of a member			Printed or typed		_	
pr the to	ovisi Pobl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to its proper and complete to its proper and complete to its provided ely reflect a change in the registered office address, the dinjuriting of this change.	ee to act performa I for in C ereby co	in this capa ince of my a hapter 605, nfirm that t	ncity. I furthe luties, and I a , F.S. Or, if the limited liad	r agree m famil his doci bility co	to con liar wi ument ompan	nply with the th and accept is being filed y has been
Si	gnaty	re of Registered Agent	<u> </u>					