## 11700161892

(Requestor's Name)					
(requester of remo)					
(Address)					
(Addless)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000316413010

1676 712--01016--012 +\*\*...

AUG 11 ZO18 S. YOUNG

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divis	Division of Corporations				
SUBJECT:	TOPSTEPSALES LLC				
воржен.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	1 Registered Agent/Registered Off	ice Change and fo	e(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	llowing:		
Wayne En	glish				
_	Name of Person	<del>- , , , , , , , , , , , , , , , , , , ,</del>	-		
TOPSTEP	SALES LLC				
-	Firm/Company		-		
3358 Joan	na Drive				
	Address		-		
Pace, FL 3	32571				
	City/State and Zip Code		_		
topstepsal	es@gmail.com				
E-mail	address: (to be used for future ann	ual report notification	ation)		
For further in	nformation concerning this matter,	please call:			
Wayne En	•	850	304-1408		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	Registration SectionRegiDivision of CorporationsDiviClifton BuildingP.O.		LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>≥</b> \$:	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR EMITED 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.

Na.	me of the limited liability company: TOPSTEPSAL	ES LLC		
(a)	3358 Joanna Drive	(b) 3358	(h) 3358 Joanna Drive	
<del>-</del> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Pace, FL 32571	Pace,	FL 32571	
	07/28/2017	L17000	0161892	
	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES, INC.	4.	Document number	
. (a)	Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS	ne Florida Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET A SUITE 400			
	FORT MYERS	33907		
(b)	Wayne English			
X,-	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:		
	3358 JOANNA DRIVE			
	NEW Registered Office Address:			
	Pace FL	32571		
he cha gent v vas/we he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws.	the registered of bility company, the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  glish	
•	ture of a member or authorized representative of a member		Printed or typed name of signee	
rovisi he obl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had no in writing of this change.	performance of n	ny duties, and I am familiar with and accep	
Signatu	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00