117000193021

(Requestor's Name)		
(Address)		
(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



200317577662

2011 AUG 31 PH 3: 52

O BRUCE SEP 08 2018

COVER LETTER

ALL VALLES CUE	Resource Trust LLC	
SUBJECT:	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Alan Piscatell	i	
Name of Perso	n	
Resource Trust L	LC	
Firm/Company	ALL:	3 1 1
2900 Ave Au Soleil	ALL ARASS	E D eran D pra
Address		-
Gulf Stream Florida	Code Spin St	
City/State and Zip	Code	
equityjuris@gmail.c	om	
E-mail address: (to be used for fu	ture annual report notification)	
For further information concerning this	matter, please call:	
alan piscatelli	561 4520220	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the fo	llowing 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. N	ame of the limited liability company:Rest	ource i	rust LLC
2. (a)	2900 Ave Au Soleil Gulf Stream Florida	(b)	2900 Ave Au Soleil Gulf Stream Florida
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8-28-2018		L17000183021
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of the		•
	6574 N. STATE RD 7 COCONUT CREEK FL		33483
	Registered Office Address	<u>DDRESS)</u>	
			SCORE AUG
	Fl		
(b)	ALAN PISCATELLI		
	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	
	2900 Ave Au Soleil		9: 5: 0::25 0::25 0::25
	NEW Registered Office Address:		
	Gulf Stream		
			
	FL		
the chargent was/w the art	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liaber of a member or authorized representative of a member oby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided of the reflect a change in the registered office address, I had in verifing a change in the registered office address, I had in verifing a change in the registered office address, I had in verifing a change in the registered office address, I had in verifing a change in the registered of the address.	he registed pility confithe limit imited lia	ered office and the business office of the registered appany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. Alan Psealelle (a.j.) Printed or typed name of signee.

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

Signature of Registered Agent