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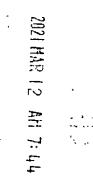
(F	Requestor's Name)						
(/	Address)						
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(City/State/Zip/Phone #)							
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COVER LETTER

	Registration Section Division of Corporations		i de la companya de l
SUBJE	19961 Barletta LLC CT:		
		Name of Limited I	Liability Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	g this matter to the	: forlowing:
David S.	Cied		
	Name of Person		
David S.	Ged, P.A.		
	Firm/Company		
7955 Air	port Pulling Road North		
	Address		•
Naples, I	FL 34109		
	City/State and Zip Coc	le	
dged@ge	ed-law.com		
E-:	mail address: (to be used for future	annual report noti	fication)
For furth	ner information concerning this mat	ter, please call:	
David S.	Ged	239 at (514-5048
-	Name of Person		Area Code & Daytime Telephone Number
	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 follow	ing amount:	
	□ \$25 Filing Fec	□ \$	\$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.

Na	ame of the limited liability company:19961 Barletta L	l.('			·	
(a)		(b)				
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited I (Note: MAY BE POST O		•
	19961 Barletta Lanc. Unit 1612		52 Louis	Street		
	Estero, FL 33928		Whippan	y, NJ 07981		
	10/10/2017	ì.	17000209	9472		
	Date of filing/registration in Florida	-		Document number		
(a)	David S. Ged					
(a)	Registered Agent and Registered Office shown on the records of David S. Ged. P.A.	the Florida I	Dept, of St	ate;		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 101 Aviation Drive North				2021 HAR	
	Naples FI	34104		 -		,
(b)	David S. Ged				2	
(U)	Enter name of NEW Registered Agent and/or NEW Registered	1 Oflice add	<u>'ess</u> :		ح <i>ت</i> بب	٠
	David S. Ged. P.A.				M 7: 44	
	NEW Registered Office Address:	- <u></u> -				
	7955 Airport Pulling Road North, Suite 202					
	Naples . FI	34109				
nge nt w s/we artic ignat erel visia oblinere	or changes are made, the Florida street address of the or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization of the operating agreement of the ure of a member or authorized representative of a member on accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provided in reflect a change in the registered office address. It is writing of this change.	registered ability con of the limit limited lia David ———	office a spany, it ed liabili bility co S. Ged	nd the business office of is hereby confirmed that ity company or as otherwing mpany. Printed or typed name of society. I further agree to	the register the change vise provide ignee	ed (s) ed in

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