L18000067179

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(Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations

FIN Real Estate LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Findley

Name of Person

FIN Real Estate LLC

Firm/Company

432 31st Street North

Address

St Petersburg, FL 33713

City/State and Zip Code

sales@flprintsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Findley	727 at (269-3680
Name of Person	(<u></u>	Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
		Tananassee, FL 52505

Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

l. Na	me of the limited liability company:	LLC		
2. (a)			(b)	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	373 Dolphin Avenue SE		373 Do	lphin Avenue SE
	St Petersburg, FL 33705		St Peter	rsburg, FL 33705
	03-14-2018		L180000	67179
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Danielle Findley			
,. (u)	Registered Agent and Registered Office shown on the records o	of the Flor	ida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET	T <u>ADDRE</u>	<u></u>	2 2
	373 Dolphin Avenue SE			
	St Petersburg, F	L		ECREMENT
(b)	Florida Print Solutions Inc.			•
<u> </u>	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office	address:	
	NEW Registered Office Address:			
	432 31st Street North			
	St Petersburg	L		<u>. </u>
thange igent v was/we he arti	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l are authorized by an affirmative vote of the members cles of organization or the operating agreement of th	e regist liability of the l e limite	ered office company, imited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
-	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc totified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provid by reflect a change in the registered office address, h i in whing of this chapter	e vertor	mance of n	ny duties, and I am familiar with and accept
Signatu	re of Registered Agent			

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