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JUN 1 9 2018

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Has Aductions Name of Limit	LLC ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Christine Kellogg Name of Person			
FALA Acoluctions Firm/Company			
11307 Seadede 11.			
Pensacola, FL 32507 City/State and Zip Code	1		
Ckelgat framal-com E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter, please call:			
Christine Kelkaga au 805, 807-1527			
Name of Person \longrightarrow	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Taffahassee, Florida 32314		
Enclosed is a check for the following amount:			
S25 Filing Fee	S55 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.

Florida.
1. Name of the limited liability company: Fals frequences LLC
2. (a) 11307 Seached 1. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Pensocolo, Floring address of limited liability company: (Note: MAY BE POST OFFICE BOX) Some
3. Date of filing/registration in Florida 5. (1) A COLUMN A COLUM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Mited States
Pensacola FL 32507
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were inthorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(1) CONTABOARD MEMBER EDGAL K MARTINET
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this chapte. Signature of Registered Agent
Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 FILING FEE: \$25.00