## L18000093967

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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V. C. M.

## **COVER LETTER**

	Registration Section Division of Corporations	•				
OF IDATE O	Center Content, LLC					
SUBJEC	Name of	Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
Krista I	Kellogg					
•	Name of Person	<del></del>				
Center	Content, LLC					
·	Firm/Company					
18033	Southwest 93 Avenue					
	Address	<del></del>				
Palmet	tto Bay, Florida 33157					
	City/State and Zip Code					
krista@	ecencontent.com					
E-r	nail address: (to be used for future annual r	eport notification)				
For furth	ner information concerning this matter, plea	se call:				
Krista I	Kellogg at	305 310-1331				
	Name of Person	Area Code & Daytime Telephone Number				
]   	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
İ	□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy				
INHS18 (	(2/14)					

## 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	Center Cont ame of the limited liability company:		
2. (a)		(b)	
,	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 18033 Southwest 93 Avenue		(Note: MAY BE POST OFFICE BOX)
	Palmetto Bay, Florida 33157		
	4/13/18	L	18000093967
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	)		
	Registered Agent and Registered Office shown on the records o UNITED STATES CORPORATION AGENT	of the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET  13302 Winding Oak Court	TADDRESS)	
	Tampa . F	33612	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Krista Kellogg	ed Office addr	ess:
	NEW Registered Office Address:		
	18033 Southwest 93 Avenue		
	Palmetto Bay, F	<b>33157</b>	
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the authorized generating agreement of the case of a member or authorized generative of a member.	of the registe liability com of the limite le limited 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 bility company.  a Kellogg
			Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to act if te performan led for in Ch I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been

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

Signature of Registered Agent