## 118000120256

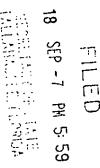
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~ SEP 1 2 2018

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Ptirsuant 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 ten tet				
I. Na	nme of the limited liability company: Tan Tr	ading	LLC	
		•		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	_	ss of limited liability company:  Y BE POST OFFICE BOX)
	5251 Ferrari Ave		5251 F	errari Ave
	Ave Maria, FC 34142			ria, FL 34142
	May 14, 2018  Date of filing/registration in Florida	_	L1800012	20256
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florida D	lept, of State:	
	Eloise Ayala			
	Registered Office Address (MUST BE FLORIDA STREET A)		<del></del>	
	5251 Ferrari Ave			
	Ave Maria .FL	341	142	
				•
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office adde	orr.	<i>2</i> ≥ 23
	Tailer frame of <u>SEAN REGISTERY Agent</u> and of <u>SEAN REGISTERY Agent</u>	///// Jugury	<u></u>	
	Smith Basto Garcia		•	
	NEW Registered Office Address:			•- '
	5251 Ferrari Ave			
	<u> </u>			
	Ave Maria .FL	34/4	12	
If the I	imited liability company is not organized under the law	's of the S	tate of Florida, it is h	ereby confirmed that after
the cha	ange or changes are made, the Florida street address of t	the registe	ered office and the bu	isiness office of the registered
was/w	will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	onity con	ed liability company	or as otherwise provided in
the art	icles of organization or the operating agreement of the l	imited lia	bility company.	1
<u> </u>	aun asto			asto Garcia.
_	ture of a releipter of authorized representative of a member		•	ped name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre loves of all statutes relative to the proper and complete p lightions of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	te to act in performan for in Ch ereby con	n this capacity. I fur ice of my duties, and iapter 605, F.S. Or, i firm that the limited	ther agree to comply with the Lam familiar with and accept if this document is being filed liability company has been
Signatu	William South			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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