L18000141207

(Red	questor's Name)	_
(Add	fress)	· · · · · · · · · · · · · · · · · · ·
(Ado	dress)	
(1	,	
(0)	(O) 1 (O) (O)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
_	,	,
	A B L	
(DOC	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
		Ì
		ļ
L		

Office Use Only



800340673168

02/18/20--01084--005 ++25.00

2020 FEB | 8 AM 7: 27

MAR 11 2020 S. YOUNG

COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations		·
9THINGS2CHANGE LLC		
Nam	e of Limited Lia	bility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and f	Gee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the f	ollowing:
LOVETTE DOBSON		
Name of Person		_
INCFILE.COM LLC		_
Firm/Company		
17350 STATE HWY 249 STE 220		_
Address	-	
HOUSTON TX 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future ann	ual report notifi	cation)
For further information concerning this matter,	please call:	
LOVETTE DOBSON	855 at (829-9090
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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enclosed is a check for the following	amount:	
■ \$25 Filing Fee	□ \$5	5 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

(a)		. <u>.</u> .	_ ((b)		
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1200 BRICKELL BAY DR APT 2903			1200 B	RICKELL BAY DR APT 2903	
	MIAMI, FL 33131		-	MIAMI,	FL 33131	
	06/07/2018			L180001	141207	
	Date of filing/registration in Florida		4.	_	Document number	
(a)					_	
	Registered Agent and Registered Office shown on the	records of th	he Flori	da Dept. of Sta	ate:	
	DIAZ BARDALES, OSCAR	<u> </u>			_ 34, 8	
	Registered Office Address (MUST BE FLORIDA	STREET A	DDRE.	<u>(22)</u>	- S	
	1200 BRICKELL BAY DR APT 2903				2020 FEB 18	
	MIAMI	, FL	, FL 33131		100	
41.5					T: 27	
(b)	Enter name of NEW Registered Agent and/or NEW	Registered (Office 1	iddress:		
	LEGALINC CORPORATE SERVICE	S INC.				
	NEW Registered Office Address:					
	5237 SUMMERLIN COMMONS SUI	TE 400				
	FORT MYERS	, FL	3390	7		
e cha ent v as/we	imited liability company is not organized und inge or changes are made, the Florida street a vill be identical. Or, in the case of a Florida is ere authorized by an affirmative vote of the micles of organization or the operating agreeme	ler the law ddress of limited lia tembers o	vs of the the region in the region of the lift t	ne State of F gistered offi company, it imited liabil	Florida, it is hereby confirmed that after ice and the business office of the register is hereby confirmed that the change(s) lity company or as otherwise provided in	

Printed or typed name of signee Signature of a member or authorized representative of a member

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 change in the registered office address, I hereby confirm that the limited liability company has been ngtified in writing of this change.

-Putty Scliments gnature of Registered Agent