## L18000163735

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BOARDING at Tirrange UC Name of Limited 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:		
Tiffany Phillips Name of Person		
Boarding at Tifferny's LC		
3925 Clearfield St.		
NOrth Port F., 34286 City/State and Zip Code		
E-mail address: (to be used for future angual report abtification)		
For further information concerning this matter, please call:		
THE Name of Person at (Q39) 851.3557  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:		
□ \$25 Filing Fee  □ \$55 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.

	$\lambda_{1}$
1. Na	une of the limited liability company: 300 100 0 + Tilder 15 110
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	3925 Clear hold st. 3925 Charfield st
	Morth Part, Fl. 34/86 North Part, Fl. 34786
3.	Date of filing/registration in Florida  1800163735  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13300 Ninding Og V Caly+  A Topon Street Address (MUST BE FLORIDA STREET ADDRESS)
	A Tompa F1. 33(c)?  Fiter name of NEW Registered Office address:
	T.M. Dhall
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:  3925 Clear Field St.
	North Port . FL 34236
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.  Printed or typed name of signee
provisi the obl to nigre	by decept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been find writing of this change.
Signatur	te'of Registered Agent
	Division of Cornorations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00