

L18 000212 317

(Requestor's Name)

(Address)

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(Business Entity Name)

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DIVISION OF CONCORDANCE  
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Name of Limited Liability Company

Name of Person

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

at (954) 347-5110

Area Code &amp; Daytime Telephone Number

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

INHS18 (2/14)

*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.*

2. (a) 10122 STONEHENGE CIRCLE, APT 613, BO (b) 10122 STONEHENGE CIRCLE, APT 613,  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

L18000212317

5. (a) UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT, TAMPA, FL 33612

13302 WINDING OAK COURT.

TAMPA FL 33612

(b) TANIA M SHAW

**Enter name of NEW Registered Agent and/or NEW Registered Office address:**

10122 STONEHENGE CIRCLE, APT 613, BOYNTON BEAC

**NEW** Registered Office Address:

10122 STONEHENGE CIRCLE, APT 613,

BOYNTON BEACH FL 33437

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 authorized 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.

TANIA M SHAW

Printed or typed name of signee

*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 notified in writing of this change.*

Signature of Registered Agent

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

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