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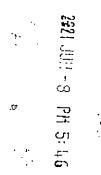
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations			
110 SW 11TH AVE, LLC.			
SUBJECT:			
	Name of Limited L	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the	following:	
MATTHEW SANABRIA			
Name of Person		<u>—</u>	
110 SW 11TH AVE LLC			
Firm/Company			
601 N CONGRESS AVE STE 110B			
Address			
DELRAY BEACH, FL 33445			
City/State and Zip C	ode		
H0SWHTHAVE@GMAIL.COM			
E-mail address: (to be used for futur	re annual report notif	fication)	
For further information concerning this m	natter, please call:		
MATTHEW SANABRIA	954 at (254-1977	
Name of Person	ar (Area Code & Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the follo	owing 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.

I. N	ame of the limited liability company: 110 SW 11TH A	VE, LLO). 	
2. (a)			(b)	
(,	Principal office address of limited liability company:		(")	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	601 N CONGRESS AVE STE 110B		601 N CO	NGRESS AVE STE 110B
	DELRAY BEACH, FL 33445		DELRAY	BEACH, FL 33445
	09/10/2018	_	L18000215	137
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				- 4
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Stat	
	MATTHEW SANABRIA			ــِيعَ الله
	Registered Office Address (MUST BE FLORIDA STREET		oru	_
		AUDKE.	<u>53)</u>	တ်
	164 YAMATO RD			
	BOCA RATON F	33431		ش ,
	I'	L		
(b)				_ &
(1)	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	iddress:	_
	MATTHEW SANABRIA			
	NEW Registered Office Address:			_
	601 N CONGRESS AVE STE 110B			
				_
	DELRAY BEACH	33445		
	, F	[_
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability o of the li	red office an company, it is mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
4	Matthew Saraha =	Ma	ATTHEW SA	NABRIA
Signa	Matthew Sauch			Printed or typed name of signee
I here provisi the obi to mer notifie	, by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn ed for in hereby c	et in this cape nance of my o Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signatu	atthew Sand			

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