118000218144

(Requ	uestor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/	State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100318665841

09/24/16--010/4--002 **25.00

2010 SEP 24 AN 8: 25

COVER LETTER

TO: Registration Section Division of Corporations	;		
SUBJECT:	clean	ed Liability Company	today L
Dear Sir or Madam:			I
The enclosed Registered Agent/F	Registered Office Change	e and fee(s) are submitted for filin	gg.
Please return all correspondence	concerning this matter to	the following:	
Name of Cooperation of the Coope	pany For ye	a S au today LL at A 3009 ail.com	2018 SEP 24 AH 8: 25 DECRETARY OF STATE FALL AHASSEE FLORIDA
For further information concerni			
1 0 10	neras at 7!		ephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	irele	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	τ	☐ \$55 Filing Fee & Certified Cop	py

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.

1. Na	me of the limited liability company: I CHON FOR Y	ou today	11	<u>C</u>	
2. (a)		Mailing address of limited			
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST	OFFIC	E BUX	, ——
	DB-23-2018 L1°	8000 218 14	H		
3.	Date of filing/registration in Florida 4.	Document number			
5. (a)	<u> Olca Contrevas</u>	_			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_			
			 !- ()	20	
	Hallamarile 52009	_		II SEP	
		_		P 21	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_	걸등	-	1 -
	Enter name of NEW Registered Agent and/or NEW Registered Office address.			AH 8:	purma.
	705 NE 25+ Ap+ A	_	高点	25 25	Trans.
	NEW Registered Office Address:		. ~		
		_			
	Hallamale 5 33009				
10.1	FIGURE 1 A LANGE CO. SEL	_	۰ ،		0
the cha	mited liability company is not organized under the laws of the State of Fl nge or changes are made, the Florida street address of the registered offic	e and the business offi	ice of t	he reg	istered
was/we	ill be identical. Or, in the case of a Florida limited liability company, it is a authorized by an affirmative vote of the members of the limited liability	y company or as other	at the c wise p	change rovide	ed in
the aith	cles of organization or the operating agreement of the limited liability cor		<u> </u>		
Signat	and of a member or authorized representative of a member	Printed or typed name of	signee		
provision the oblication to mere notification to the provise the p	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60. By reflect a change in the registered office address, I hereby confirm that kin writing of this change.	acity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to con iar wii ment i mpany	iply w h and s bein v has b	ith the accept g filed seen
Signatur	Carried Milina W				

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