118000) 247027

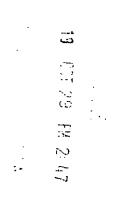
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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O SIMMONS NOV 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations	·					
Bombeiro Athletics LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning to	his matter to the following:					
Brett Thomas						
Name of Person						
Bombeiro Athletics LLC						
Firm/Company	11-14-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1					
1671 Northglen Cir						
Address						
Middleburg/FI 32068						
City/State and Zip Code						
Bombeiroathletics@gmail.com						
E-mail address: (to be used for future an	nnual report notification)					
For further information concerning this matter	r, please call:					
Brett Thomas	904 449-6063 at ()					
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the followin	g amount:					
■ \$25 Filing Fee	□ \$55 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.

1. Na	me of the limited liability company:	iletics L	LC	
2. (a)	1671 Northglen Cir		P.O. Bo	x 65574
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Middleburg, Fl 32068		225 Coll	ege Dr
			Orange	Park, Fl 32065-9998
	10/22/2018		L1800024	17027
3. 5. (a)	Date of filing/registration in Florida United States Corporation Agents, Inc	4.		Document number
. (u)	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court	the Florid	a Dept. of State	- %:
	Registered Office Address (MUST BE FLORIDA STREET) A	ADDRES:	2)	•
	Tampa	33612		-
41.)	Brett Thomas	·		- 13
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	1671 Northglen Cir			79 PM
	NEW Registered Office Address:		*	2
				· =
	Middleburg FI	32068		-
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regiability earth of the lin	stered office ompany, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
-//			Br.	ett M. Thomas Printed or typed name of signee
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I I in writing of this change.	ree to ac perform d for in t hereby c	t in this cap pance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep i, F.S. Or, if this document is being filea the limited liability company has been

Signature of Registered Agent