L18000 278885

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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	COVER LETTER				
TO: Registration Section Division of Corporations					
SUBJECT: 2800 SHIPPING AVE LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
Christian Abraham					
Name of Person					
Anderson Business Advisors					
Firm/Company					
3225 McLeod Drive, #100					
Address	**************************************				
Las Vegas, NV 89121					
City/State and Zip Code	 				
ra@andersonadvisors.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
Christian Abraham	800 7064741				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following	; 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.

I. Na	me of the limited liability company: 2800 SHIPPII	NG AVE	E LLC		
2. (a)	3225 McLeod Dr, Suite 100	(h	(b) 3225 McLeod Dr, Suite 100		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(· -	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Las Vegas, NV 89121	_	Las Veg	as, NV 89121	
	12/04/2018		L1800027	⁷ 8885	
3.	Date of filing/registration in Florida	4 .		Document number	
5. (a)	BERNARD PIERSON				
). (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET) 3052 DAY AVE	ADDRESS	<u> </u>		
	MIAMI . FL	33133			
(b)	Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	625 E. Twiggs Street, Suite 110				
	NEW Registered Office Address:			ARCAR T.	
	Tampa FL	33602		FILED BOOK on firmed the after	
the cha agent v was/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability co of the lim	stered office ompany, it is nited liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in	
	M	Chi	ristian Abr	aham	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
provisi he obl o merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I i I in writing of this change	perform d for in (ance of my a Chapter 605	luties, and I am Jamiliar with and accep FS Or if this document is being filed	
Signatur	re of Registered Agent				