1190000 40548

(Re	equestor's Name)		
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		<u> </u>	

Office Use Only



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04/12/19--01012--018 **25.00



T GLASS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2019

ANTIOO LLC 7901 4TH ST N. STE. 300 ST. PETERSBURG, FL 33702

SUBJECT: ANTIOO LLC Ref. Number: L19000040548

We have received your document for ANTIOO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00008165



COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: (150 110 Name	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this			
Trease return an correspondence concerning the	s matter to the following.		
Name of Person			
Rosaland Rosat	/h/		
Registered agent		2019 : AT	
		AWG!	X
7901 4th S7. N Address	STE 300	黨 2	
Address		일이 모	692
St. Petersburg, FL City/State and Zip Code	33702		<u></u>
City/State and Zip Code			
helli (andding anhior . Con E-mail address: (to be used for future annu	\sim		
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter,	please call:		
Name of Person	at () 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 Tallahassee, Florida 32314		
2661 Executive Center Circle Tallahassee, Florida 32301	rananassee, Pionua 32314		
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

	and the first of the time of the second of t	
1. Na	ime of the finited habitity company,	
2. (a)	C.C. 10 0 1 (1)	2203 Gulf to Bay #250
(,	Principal office address of limited fiability company: 3577	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS)	·
		Clarw-ter FC 33759
	2-11-19	arry 1105110
		400040548
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Charnell Walton	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	state:
	2690 Drew St apt 857	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2
		AU MACRET ALL ALLA
	Cléarnater FI 33759	AF AMAY
		報報 ~ 日本語
(b)	Kegistered agents Inc.	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	D PH 4:
	7901 4th St N STE 300	07
	NEW Registered Office Address:	 -
		
	St. Petersburg , FI. 33707	
If the li	imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered of	Florida, it is hereby confirmed that after fice and the business office of the registered
accent si	will be identical. On in the case of a Florida limited liability company.	it is hereby confirmed that the change(s)
was/we the arti	re authorized by an affirmative vote of the members of the limited liab cles of organization or the operating agreement of the limited liability of	company.
		Printed or typed name of signee
_	are to a member of authorized representative of a member	-1
l hereb	by accept the appointment as registered agent and agree to act in this c ons of all statutes relative to the proper and complete performance of t	apacity. I further agree to comply with the my duties, and I am familiar with and accept
the obli	by accept the appointment as registered agent and agree to act in this cons of all statutes relative to the proper and complete performance of the igations of my position as registered agent as provided for in Chapter of the reflect a change in the registered office address. I hereby confirm the	605, F.S. Or, if this document is being filed out the limited liability company has been
notified	In writing of this change.	
Signatur	re of Registered Agent O	
olkharn	(ca) registered rigent (5)	