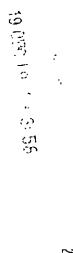
| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| ·                     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

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| PF      | НОТОСОРУ           |            |  |
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|         | SELCET, LLC        |            |  |
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#### **COVER LETTER**

| Division of Corporations   |  |
|--|--|
| ASPI SELECT, LLC<br>SUBJECT:   |  |
|  | f Limited Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office (  | Change and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this management  | atter to the following:  |
| Nicholas J. Grimaudo   |  |
| Name of Person   | <del></del>  |
| Johnson, Pope, Bokor, Ruppel & Burns, LLP  |  |
| Firm/Company   |  |
| 911 Chestnut Street  |  |
| Address  | <del></del>  |
| Clearwater, Florida 33756  |  |
| City/State and Zip Code  |  |
| christab@jpfirm.com  |  |
| E-mail address: (to be used for future annual  | report notification)   |
| For further information concerning this matter, plea   | ase call:  |
| Nicholas Grimaudo/Christa Bartholomew  | 727 461-1818<br>it ( )   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amo  | ount:  |
| ■ \$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.

| 1. N  | ame of the limited liability company:  ASPI SELECT   | , LLC   |  |                           | <u>.</u>          |  | -                           |
|---|--|---|--|---------------------------|-------------------|--|-----------------------------|
| 2. (a)  |  | (   | (b)  |                           |                   |  |                             |
| , ,   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   |  | Mailing address of limite | ed liability      | compar                                 | ıy:                         |
|   | 5850 W Cypress St., Suite B  |   | 4424 Waltham Avenue  |                           |                   |  |                             |
|   | Tampa, Florida 33607   |   | Tampa, Fl  | orida 33645               |                   |  |                             |
|   | 04/23/2019   |   | L19000110  | 884                       |                   |  |                             |
| 3.  | Date of filing/registration in Florida   | 4.  |  | Document number           |                   |  |                             |
| 5. (a)  | Registered Agent and Registered Office shown on the records of Sam A. Beeler  Registered Office Address (MUST BE FLORIDA STREE)  5850 W. Cypress St., Suite B  Tampa, F  Enter name of NEW Registered Agent and/or NEW Registered Nicholas J. Grimaudo, Esq. | TADDRES  1 33607                              | <u>s)</u>  | <br><br>                  |                   | 2818 DEC 19 AM 5:                      |                             |
|   | NEW Registered Office Address:   |   |  | _                         | ÷                 | C/Ti<br>C/Ti                           |                             |
|   | 911 Chestnut Street  |   |  |                           |                   |  |                             |
| change  | imited liability company is not organized under the la   | e register                                    | ed office and  | the business office       | of the re         | aistere                                | d                           |
| was/we  | will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members  | of the lin                                    | nited liability  | company or as other       | nat the community | hange(:<br>rovidec                     | s)<br>1 in                  |
| the ani   | cles of organization or the operating agreement of the   |   | •  | ipany.                    |                   |  |                             |
| Signat  | ture of a plember or authorized representative of a member   | Jaco  | b M. Wilson  | Printed or typed name o   | feignag           |  |                             |
| I herel<br>provisi<br>the obli<br>to mere<br>notified | by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I will writing of this change       | ree to act<br>performed for in (<br>hereby co | in this capa<br>ance of my d<br>Chapter 605,<br>onfirm that to | - ·                       | _                 | oly with<br>and ac<br>being<br>has bec | the<br>ccept<br>filed<br>en |
|   | Division of Corporations P.O.  | Roy 6322                                      | 7a Tallahaa  | oos El 22214              |                   |  |                             |

**FILING FEE: \$25.00**