L20 0000041427

(Requestor's Name)		
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
<u> </u>		
	Office Use Only	



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COVER LETTER

TO:	Registration Section Division of Corporations				
	Vantage Commerce LLC				
SUBJE	CT:	Name of Limited Liability Company			
Dear Si	r or Madam:				
The enc	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please r	return all correspondence concerning	g this matter to the	following:		
Andrev	v Gilliland				
-	Name of Person	<u> </u>			
Vantag	e Commerce LLC				
	Firm/Company				
107 N	11th Street #446				
	Address				
Tampa	FL 33602				
	City/State and Zip Cod	le			
andrew	·@bbq-aid.com				
E-	-mail address: (to be used for future	annual report noti	fication)		
For furt	ther information concerning this mat	ter, please call:			
Andrev	w Gilliland	813	400-9335		
	Name of Person	at ()		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ing amount:			
~	\$25 Filing Fee	□ \$	555 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.

Name of the limited liability company:	
1646 W Snow Ave	1646 W Snow Ave (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) The 5t Suite 122	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 122
Tampa, FL 33606	Tampa, FL 33606
2/4/20	L20000041427
Date of filing/registration in Florida	4. Document number
(a)	the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
FI	(S)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	SEE STATE OF ST
NEW Registered Office Address: 1646 W Snow Ave	Suite 122
Tumpa .FI	3360b 122
ange or changes are made, the Florida street address of the ent will be identical. Or, in the case of a Florida limited lie	ws of the State of Florida, it is hereby confirmed that after registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
ignature of a member or authorized representative of a member	Printed or typed name of signee
ereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide nerely reflect a change in the registered office address, I ified in writing of this change.	ree to act in this capacity. I further agree to comply with to performance of my duties, and I am familiar with and acc d for in Chapter 605, F.S. Or, if this document is being fil hereby confirm that the limited liability company has been
mature of Registered Agent	