LZ0 000082689

(Requestor's Name)	
(Address)	
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(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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7. WATE-

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
TONIANN RUSSONG Name of Person		
Firm/Company		
1805) BISMUND BILD UNH U	102	
APNTUIO FL 33 60 City/State and Zip Code		
VURUSS Trading @ omail. Con E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, please call:		
TONAND RUSSONO at (347) 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 amount:		
S25 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. Name of the limited liability company: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Trading LLC	
2. (a) 1805 By SOUNE BIVE UNIT 402 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) SSI BISCUPU BUG WITE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Aventura, FL 33/60	Nemura F1 33160	
3. Date of filing/registration in Florida 5. (a) UKR RUSSOO()	4. Document number	
Registered Agent and Registered Office shown on the records of	402 min	
Registered Office Address (MUST BE FLORIDA STREET	L 33100	
(b) TON ANN RUSSING Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
18051 BISCUINE BWO WIT 402 NEW Registered Office Address:		
AUNTUVA FI	L 33160	
If the limited liability company is not organized under the lachange or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members of the lack of organization or the operating agreement of the	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	Printed or typed name of signee ree to act in this capacity. I further agree to comply with the a performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent