LZO 000 115 188

(Requestor's Name)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Cooding North Control of the Cooding			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

_	stration Section ion of Corporations	."
SUBJECT:	118 66th stre	
	N	ame of Limited Liability Company
Dear Sir or M	adam:	
The enclosed	Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return	all correspondence concerning t	this matter to the following:
	Kristen Lanza	٦
118	Gom Street No Firm/Company	orn, uc
৩৪৫	22 72nd Ave N Address	#32 <u>9</u>
St.	Petersburg, Fu City/State and Zip Code	-33710_
E-mail a	antalue emanderess: (to be used for future an	ail.com nnual report notification)
For further in	formation concerning this matte	er, please call:
Krist	Name of Person	at (727) 804 - 6338 Area Code & Daytime Telephone Number
Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	osed is a check for the following	ng amount:
X \$2	5 Filing Fee	S55 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: 118 (66)	street North, LLC
2. (a) <u>6822 22nd Ave</u> N	(b) 6822 22nd Ave N
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
#329	# 329
St. Petersburg, FL-33710	St. Petersburg, FL 337
04/28/20	L20000115188
3. Date of filing/registration in Florida 4.	Document number
5. (a) Lanza, Krister	
Registered Agent and Registered Office shown on the records of the Flor	
524 leist st N	
Registered Office Address (MUST BE FLORIDA STREET ADDRE	
St. Retersburg FL 33	3710
(b) Enter name of NEW Registered Agent and/or NEW Registered Office	
6822 22nd Ave N	
NEW Registered Office Address:	
#329	
6t. Retersburg .FL 3?	3710
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the registragent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the I the articles of organization or the operating agreement of the limited	ered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
	Knisten Lanza Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor the obligations of my position as registered agent as provided for it to merely reflect a diange in the registered office address. I hereby notified in griting of this change.	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signature of Registered Agent	
Significate Of the Bistine Argent	