M1100001429

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: AMINO COMMUNICATIONS, L	L.C.
	Name of	Limited Liability Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
Micha	ael Mirrione	
	Name of Person	
\/\alpha	Corporate USA	
	Firm/Company	
36 S.	18th Ave, Suite D	
	Address	
Bright	on, CO 80601	
	City/State and Zip Code	
Com E-	mail address: (to be used for future annual re	eport notification)
For furt	ther information concerning this matter, pleas	se call:
Michae	el Mirrione	303 665.9659
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following amo	unt:
	2 \$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:AMINO CON	MUNI	CATIONS,	L.L.C.			
2. (a)	987 WATERSIDE CIRCLE		(b) 987 WATERSIDE CIRCLE				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· / _	Mailing address of limit (Note: MAY BE POS			y:
	WESTON, FL 33327	-	WESTO	N, FL 33327			
	03/18/2011		M110000	01429			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	NRAI SERVICES, INC						
	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	E			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	(2)				
	Plantation	33324	 				
	······································	<u> </u>					
(b)	Universal Registered Agents, Inc.				3.4		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:			. I	
	3458 Lakeshore Drive		;		15.77 25.77	عاللاً	4
	NEW Registered Office Address:				SSE (W)	ည)**·*
	g				ni <u>s</u> i	AM	i T
		<u>. </u>	-		Fic	=	-
	Tallahassee	32312)		75.25 20.25	5 † :	٠.
	,				25	_	
agent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability co	stered office ompany, it is	and the business of hereby confirmed the	fice of the	e regist	tered
-XL	July de cham/		ie A. Gracz	•			
1 1	ure of a member or authorized representative of a member			Printed or typed name o			_
the oblite to mere notified	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act perform I for in (tereby c	t in this capac ance of my di Chapter 605, onfirm that th	city. I further agree uties, and I am fami F.S. Or, if this doc he limited liahility c	e to comp iliar with ument is company l	ly with ánd ac being f us bee	the scept filed n
Signatur	OTROGISTETED AGENT MICHAEL MITTIONE						

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