M13000000420

(Requestor's Name)					
(Address)					
(Address)					
(Cif	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
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D. SCOTT DEC 2 0 2016

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LIBREC13, L.L.C.				
Nan	ne of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the	following:		
Donna Bertucci	/			
Name of Person	······································	_		
•		,		
Corporate Direct, Inc				
Firm/Company				
•				
2248 Meridian Blvd. Suite H				
Club: Styles Address	ſ	2000 and education for the forth	SEC TALL	
Minden; NV 89423 ty romasty, in the season			AND BEC	
City/State and Zip Code			EC 19	
info@corporatedirect.com		-	E PE	
E-mail address: (to be used for future and	nual report noti	fication)		
For further information concerning this matter	, please call:		0. 6.	
Donna Bertucci	775	782-2201		
Name of Person		Area Code & Daytime Telephor	ne Number	
STREET/COURIER ADDRESS:	V	IAILING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
第四年 Enclosed is a check for the following	g amount:	-		
□ \$25 Filing Fee				
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: LIBREC13, I	L.L.C.	
			Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1504 W. Cypress St.		1504 W. Cypress St.
			Tampa, FL 33606
	Tampa, FL 33606		Тапра, Г. Е. 33000
	01/18/2013	D	M13000000420
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u,	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:
	Gerri Detweiler		
	Registered Office Address (MUST BE FLORIDA STREET	<u>r ADDRESS)</u>	
	1037 Greystone Lane		
	Sarasota	_L 34232	
		·L	· · · · · · · · · · · · · · · · · · ·
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	
	DECICTEDED ACENTS INC		
	REGISTERED AGENTS INC. NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A		(A) (A)
	3000 N. Nocky Folia Brive, GTE 100/X		—— <u>Sa</u> :
	Tampa	33607	是E o
	Tampa, I	L	
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street address. Authorized representative of a member of	of the regis liability cons of the limited li	rered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Printed or typed name of signee
provi. the ob- to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provicely reflect a change in the registered office address, ed in writing of this change.	ete performa ded for in C I hereby co	nce of my duties, and I am familiar with and accephapter 605, F.S. Or, if this document is being filed
Signa	Bill Hayre/Assistant Se	crecary	