Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE 555 KIRK LLC

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Corporate Filing Menu

Help

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: 555 Kirk LLC			
2. (a)	5110 N SCTU CYDERY	(b) 5	118 N. 56TH STREET	
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE ROX)	
	TAMPA, FL 33610		MPA, FL 33610	
	03/12/2014	M14	000001649	
3.	Date of filing/registration in Florida	4.	Document number	
5, (a)	CORPORATION SERVICE COMPANY			
	Registered Agent and Registered Office shown on the records of a 1201 HAYS STREET	he Florida Depr.	of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
			1.4	
	TALLAHASSEE	32301		
(b)	Corporate Creations Network Inc.	<u>.</u>	HASS!	
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	The F	
	11380 Prosperity Farms Road #221E		Eros di	
	NEW Registered Office Address:		202	
	Palm Beach Gardens FI	33410		
me char agent w was/we	mited liability company is not organized under the lawings or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the State he registered pility compan	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	/ lust	Carlos M	f Alvarez, Attomey-in-Fact	
	interest a member or authorized representative of a member		Printed or typed name of signee	
I hereb provision the obli to mere notified	ly accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect of thange fifthe registered office address, I he in writing of this thange.	e to act in this erformance of for in Chapte ercby confirm	s capacity. I further agree to comply with the fixed fixed from the fixed fixed from the fixed fixed fixed from the fixed fixed fixed from the limited liability company has been	
	1 Tring M. Alvarez, Special	Secretary		
Signatur	Carlos M. Alvarez, Speci	at Secretary		
	Division of Companions P.O. P.	6225. Tal	Int PY 33344	

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