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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 and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALF F HEYER

Name of Person

HEYER & ASSOCIATES EA PA

Firm/Company

299 ALHAMBRA CIRCLE STE 312

Address

CORAL GABLES, FL 33134

City/State and Zip Code

RFH@HEYERINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALF F HEYER	at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

\$25 Filing Fee

S55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHÁNGE 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.

. Nar	ne of the limited liability company:	RLLC
	TRUNKSTER LLC	(b) TRUNKSTER LLC
·· (/ _	Principal office address of limited liability company. (<i>Note: MUST BE STREET ADDRESS</i>) 8013 RIDGE WAY	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 8013 RIDGE WAY
	ORLANDO, FL 32817	ORLANDO, FL 32817
	04/10/2014	M14000002459
. (a)	Date of filing/registration in Florida BLANCHET, GASTON	4. Document number
	Registered Agent and Registered Office shown on the records of 8013 RIDGE WAY, ORLANDO, FL 32817	the Florida Dept. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>) 8013 RIDGEWAY	ADDRESS)
	ORLANDO, FI	32817 ASS 15
(b)	HEYER & ASSOCIATES EA PA	LOffice address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 299 ALHAMBRA CIR STE 312, CORAL GA	
	NEW Registered Office Address: 299 ALHAMBRA CIR STE 312	DRIDA HT
	CORAL GABLES, FI	
he chai gent w vas/we he artic	nge or changes are made, the Florida street address o ill be identical. Or, in the case of a Florida limited li	
l hereb provisio he obli o mere notified	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d 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

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