## 14000005447

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(Address)					
(Ac	ldress)				
(City/State/Zip/Phone #)					
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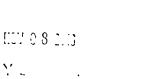
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SECRETARY OF STATE





## **COVER LETTER**

Name of Limited Liability Company

Registration Section Division of Corporations

TO:

INHS18 (2/14)

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:					
Monammad Mank Name of Person	duc				
8315 BROADWAY LLC Firm/Company					
1885 VIA LAGO DRIVE	<del></del>				
LAKELAWD, FL 33810 City/State and Zip Code	<del></del>				
8315 BROAPWAYLLC @ GMAIL. C. E-mail address: (to be used for future annual re-	om port notification)				
For further information concerning this matter, please	e call:				
Mohammad Mahbub at (	646) 431-4607 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 amount:					
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Sand to the sand of

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. Na	ame of the limited liability company: 2315	BROH,	DWAY	LLC
2. (a)	1885 VIA LAGO DR	(b) 188	35 VIA I	LAGO DR
()	Principal office address of limited liability company:	(0)	Mailing address of lin	nited liability company:
	(Note: MUST BE STREET ADDRESS)	100	<b>_</b>	POST OFFICE BOX
	LAKELAND, FL 33810		ELAND, F	L 33810
	07/31/2014	MI	40000	005447
3.	Date of filing/registration in Florida	4.	Document numb	
5. (a)	UNITED CORPORATESERVICES	. INC		
3. (a)	Registered Agent and Registered Office shown on the records of t		te:	
	9200 SOUTH DADELAND	BLVD		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	_	
	SUITE 508		_	
	MIAMI, FL	33/56	_	
(b)	NORTHWEST REGISTERED AGENT LLC			<b>5</b>
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
	3030 N. Rocky Point Drive, STE 150A			SSEE
	NEW Registered Office Address:		_	
			_	ORE ST
	Tampa	33607		
	,		_	
If the li the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of	vs of the State of Fl the registered offic	orida, it is hereby se and the business	confirmed that after soffice of the registered
agent w	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	bility company, it	is hereby confirme	ed that the change(s)
the arti	cles of organization or the operating agreement of the	limited liability cor	mpany.	M / /
- C:	Md. Markel.	10/01	Tanmad	1 Jahbub
-	fure of a member or authorized representative of a member	ee to get in this an-	Printed or typed nar	J
nered provision the obli	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been address.	ee 10 act in this cap performance of my I for in Chapter 60	oacity. I juriner as duties, and I am f 5, F.S. Or. if this	gree to comply with the amiliar with and accept document is being filed
to mere notified	ely reflect a change in the registered office address, I h I in writing of this change.	iĕreby confirm that	the limited liabili	ty company has been
10-	CLTom GloverAssistant Secretary			
Signatur	re of Registered Agent			

## 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. Na	ime of the limited liability company: $8316$	5 BRCH	DWAY_	LLC_	
2. (a)	1885 VIA LAGO DR	(b) 188	35 VIA L	AGO DE	2
(u)	Principal office address of limited liability company:		Mailing address of limit		
	(Note: MUST BE STREET ADDRESS)	1.00	(Note: MAY BE PO		
	LAKELAND, FL 33810	LIKE	ELAND, FL	- 33810	<del>,</del>
	07/31/2014	MI	10000	0544	「 <b>ア</b> 」
3.	Date of filing/registration in Florida	4.	Document number	<u> </u>	
5. (a)	UNITED CORPORATESERVICE	ES, INC			
· /	Registered Agent and Registered Office shown on the record		te:		
	9200 SOUTH DADELANI	D BLVD	_		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)			
	SUITE 508		<del></del>		
	MIAMI	FL 33/56		<b></b>	
(b)	NORTHWEST REGISTERED AGENT L	_LC	_	NOV-	ر در در در د
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	_	338. Y.V.	3
	3030 N. Rocky Point Drive, STE 150A		_	PM 5:	
	NEW Registered Office Address:			R ≥ 6	
			<del></del>		
	Tampa	FL 33607	_		
the char agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cless of organization or the operating agreement of	s of the registered officed liability company, it is sets of the limited liability the limited liability contains the liability liabil	e and the business of is hereby confirmed ty company or as of	office of the regi that the change	istered (s)
Signat	ure of a member or authorized representative of a member		Printed or typed name	of signee	
provision the oblication to mere	we accept the appointment as registered agent and ons of all statutes relative to the proper and compl gations of my position as registered agent as prov ly reflect a change in the registered office address In writing of this change.	agree to act in this cap lete performance of my vided for in Chapter 60, s, I hereby confirm that	pacity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability	ee to comply wi miliar with and ocument is being company has b	ith the accept g filed een

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.90

Tom Glover -- Assistant Secretary

Signature of Registered Agent