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STATEMENT OF CLIANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIÅBILITY 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,

(a)	3495 Piedmont Rd NE	(b) <u>3495 Piedr</u>	mont Rd NE		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ `	N N	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	Building 12, Suite 205		Building L	2. Suite 205		
	Atlanta, GA 30305		Atlanta, G ₂	A 30305		
	12/12/2014		M140000089	912		
	Date of filing/registration in Florida	- 4.		Document n	umber	
(a)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State			•		
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	TALLAHASSEE, FL	32301		•		2022 1
	C T Corporation System					0EC 2
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office addr</u>				:.	ဆ
					-	PH
	NEW Registered Office Address:				- 	. .
	1200 South Pine Island Road				Ę	ာ အ
			 .			
	Plantation	33324				
thai tw we	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lic re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the the reg bility c f the lin	istered office ompany, it is nited liability	and the busi hereby conf y company or	iness office inned that	e of the regist the change(s)
	s/OLGA KHVATSKAYA		GA KHVATS	• •		
nat	ure of a member or authorized representative of a member			Printed or type	d nume of si	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. التربية المركز المعطين C T Corporation System JOE DAMS ASST. SECRETARY

By:

Signature of Registered Agent

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