## M1500000 3874

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K.SALY EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
BEST 6 LLC						
ľ	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	g this matter to the following:					
AMY GUNSAULLUS						
Name of Person						
BEST 6 LLC						
Firm/Company						
101 PLAZA REAL SOUTH SUITE 2	05-S					
Address						
BOCA RATON, FL 33432						
City/State and Zip Coo	ie					
AMYG@BESTAGENCY.COM						
E-mail address: (to be used for future	annual report notification)					
For further information concerning this may	tter, please call:					
AMY GUNSAULLUS	561 314-3942					
Name of Person	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 follow	ing amount:					
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
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: BEST 6 LLC			
2. (a)		. (t	o)	
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	101 PLAZA REAL SOUTH SUITE 205-S		101 PL	AZA REAL SOUTH SUITE 205-S
	BOCA RATON, FL 33432	BOCA RATON, FL 33432		
	05/08/2015		M15000	003874
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	AMY GUNSAULLUS			
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>S)</u>	_
	2424 N FEDERAL HWY SUITE 210			2016
	BOCA RATON , FL	33431		2016 SEP -6 2016 SEP -6 1ALL AHASS
<b>(</b> E)	AMY GUNSAULLUS	ASSE T		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
				P-6 PM 5: 02 RASSEE FLIBRIG
	NEW Registered Office Address:			<del>-</del> **
	101 PLAZA REAL SOUTH SUITE 205-S	_		
	BOCA RATON , FL	33432		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liarere authorized by an affirmative vote of the members of iccles of organization or the operating agreement of the	vs of the the reginability confirms of the lin limited	e State of F stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to ac perform d for in hereby c	t in this cap cance of my Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
<u>_</u>	Annel Shinsaulla			
oignati	ur∉ of Registered Agent			