M1600002223

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
Special mediations is a ming officer.									

Office Use Only



800292677648

12/05/16--01007--012 **25.00

TALL AHASSEE, FLORIE

DEC 0 6 2016 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations									
SUBJECT: 9 EAST TRADING LLC										
боронс	Name of Limited Liability Company									
Dear Sir	or Madam:			•						
The encle	osed Registered Agent/Registered Off	ice Cha	nge and	fee(s) are submitted for filing.						
Please re	turn all correspondence concerning the	is matte	er to the	following:						
DONNA	A BERTUCCI									
	Name of Person	<u> </u>	·							
CORPO	PRATE DIRECT, INC.									
	Firm/Company									
2248 M	ERIDIAN BLVD, STE H									
	Address									
MINDE	N, NV 89423									
	City/State and Zip Code	-								
info@co	orporatedirect.com									
E-m	nail address: (to be used for future ann	ual rep	ort notif	ication)						
For furthe	er information concerning this matter,	please	call:							
DONNA	BERTUCCI	_ at (_	775	782-2201						
	Name of Person		- "	Area Code & Daytime Telephone Number						
R D C 2	TREET/COURIER ADDRESS: egistration Section division of Corporations difton Building Elifton Executive Center Circle fallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
E	Enclosed is a check for the following amount:									
ē	\$25 Filing Fee		□ \$5	5 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.	Na	me of the limited liability company: 9 EAST TRAD	ING L	LC			
2.	(a)	REGISTERED AGENTS, INC.	n	b) REGIST	ERED AGENTS, INC	C	
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	failing address of limited liabi		
		3030 N. ROCKY POINT DR. STE 150A		3030 N. I	ROCKY POINT DR.	STE 150A	
		TAMPA, FL 33607	-	TAMPA,	FL 33607		
		03/16/2016		M1600000)2223		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	GERRI DETWEILER					
	`,	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State:	· ·		
		1037 GREYSTONE LANE		**	-		
		Registered Office Address (MUST BE FLORIDA STREET AL	DRES.	<u>s)</u>		6	
				···		配	
		SARASOTA _{FL} 3	4232			5 % T	
		DECISTEDED ACENTS INC		 		PH +:	
(b) REGISTERED AGENTS, INC. Enter name of NEW Registered Agent and/or NEW Registered Office address:							
NEW Registered Office Address:							
		TAMPA ,FL3	3607				
the age	cha nt w s/we	mited liability company is not organized under the laws ngc or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	ne regi ility co the lin	stered office ompany, it is nited liability liability comp	and the business office of hereby confirmed that the company or as otherwise	of the registered ne change(s)	
S	ignat	ure of a member or authorized representative of a member		20111	Printed or typed name of sign	ee	
I h pro the to i not	eret visie obli nere ifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of all statutes relative to the proper and complete point on a provided of the proper and complete point of the proper and complete point of the proper and provided of the provided of	e to act erform for in (reby c	t in this capa ance of my d Chapter 605, onfirm that ti	city. I further agree to c uties, and I am familiar v F.S. Or, if this documer he limited liability compo	omply with the with and accept it is being filed any has been	
Sig	natur	e of Registered Agent	•				