M16000007577

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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03/21/18--01012--011 **25.00



N. CAUSSEAUX MAR 2 2 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368-020

Re: 3939 EHRLICH LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

2. (a) Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) 5118 N 56TH STREET P.O. BOX 311029 TAMPA, FL 33610 TAMPA, FL 33680 09/22/2016 M16000007577 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: MCINTYRE, RICHARD J, ESQ. Registered Office Address MUST BE FLORIDA STREET ADDRESS) 500 EAST KENNEDY BLVD. SUITE 200 TAMPA TAMPA PROBLEM STREET ADDRESS TAMPA T	
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5. (a)	
MCINTYRE, RICHARD J, ESQ.	
MCINTYRE, RICHARD J, ESQ.	
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TAMPA , FL 33602 ≥ 3	127 127 127 127 127 127 127 127 127 127
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(6)	2 (d () (1)
Enter name of NEW Registered Agent and/or NEW Registered Office address:	i i i i i i i i i i i i i i i i i i i
1201 Have Street	
NEW Registered Office Address:	
Tallahassee , FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that af the change or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company. /S/ ALBERTO DE ALEJO Alberto De Alejo, Authorized Person	stered (s)
Signature of a member or authorized representative of a member Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.	th the accept filed een
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President	

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