Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TOI

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107
Pax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE 3939 EHRLICH LLC

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Corporate Filing Menu

Help

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 Fiorida.

1. Na	ime of the limited liability company: 3939 EHRLIC	H LLC		
2. (a)	5118 N. 56TH STREET	ď	51181	N. 56TH STREET
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33610	_	TAMP	A, FL 33610
	09/22/2016		M16000	007577
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number
o. (w)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Florid	Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	21	-
	TALLAHASSEE ,FL	32301		18 18 21
(b)	Corporate Creations Network Inc.			2 5
	Enter name of NEW Registered Agent and/or NEW Registered 11380 Prosperity Farms Road #221E	Office ac	<u>षित्द्रश्</u> ः	EC. FL
	NEW Registered Office Address:		<u> </u>	- Range
	Palm Beach Gardens FL	33410		-
the cha agent v was/wo	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regi bility of f the lin	stered office company, it sited liabili	te and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	Clau		-	varez, Attomey-in-Fact
	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons 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 the proper and complete in the registered office address. I have the proper address of the change of the proper address of the proper address.	ee to ac perform for in ereby c	t in this cap ance of my Chapter 60 onfirm tha	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	cof Register Agent Carlos M. Alvarez, Sp	ecial S	tcretary	
	Division of Corporations P.O. B	ox 652	/● IBHADS	ssee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)