Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE 2420 W MISSISSIPPI AVE, LLC

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Corporate Filing Menu

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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: 2420 W Missis	ssippi	A۱	ve, LLC	
2.	(a)	5118 N. 56TH STREET		b)	5118 N.	56TH STREET
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		TAMPA, FL 33610	- -	-	TAMPA	, FL 33610
		09/07/2017		٨	/170000	07683
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	CORPORATION SERVICE COMPANY				
		Registered Agent and Registered Office shown on the records of the	he Floris	ia I	Opt. of State	:
1201 HAYS STREET, Suite 200						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		TALLAHASSEE FI.	3230°			
•	,υ,	Corporate Creations Network Inc. Euler name of NEW Registered Agent and/or NEW Registered (11380 Prosperity Farms Road #221E	Office #	ddr	Tak	
		NEW Registered Office Address:				
		Palm Beach Gardens, FL_	33410	}		
the age: was	chai ni w .'wei	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial resuthorized began affirmative vote of the members of these of organization or the operating agreement of the l	the reg bility c the lir	iste Oli Dite	ered office upany, it is ed liability	and the business office of the registered hereby confirmed that the change(s)
		- C. Varel				arez, Attorney-in-Fact
		are of a member or authorized representative of a member				Printed or typed name of signee
the to n	obli ere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a grange in the registered office address, I have in writing by this change.	e to ac perforn for in ereby c	t ir tun Ch con	n this capa ace of my d apter 605, firm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sign	valuri	e of Registered Agent Carlos M. Alvarez, Sp	ecial S	eci	retary	
		Division of Corporations P.O. B.	ox 632	7•	Tallahass	iee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)