Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE 6720 15TH ST E LLC

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T. CLINE

EXAMINER

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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.	Name of the limited liability company: 6720 15th ST							
2. (a	, 5118 N 56TH STREET		(b) 5118 N 56TH STREET					
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE B(X))			
	TAMPA, FL 33610	_	TA	MPA,	FL 33610			
		<u> </u>		_				
	05/09/2018		M180	00000)4501			
3.	Date of filing/registration in Florida	4.		i	Document number	_		
5. (<i>i</i>	, CORPORATION SERVICE COMPANY							
(<i>r</i>		ered Agen; and Registered Office shown on the records of the Florida Dept. of State DI HAYS STREET					1018 NOV 210	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					SVE	7 AO	
						25.75 CE 75	2	1.
	TALLAHASSEE, FL	3230	7				AM 10:	TT
(b	Corporate Creations Network Inc.					ORIDA	IO: 23	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress:			,		
	11380 Prosperity Farms Road #221E							
	NEW Registered Office Address:							
	Palm Beach Gardens, FL	3341	0					
the el agent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liakers authorized by an albitmative vote of the members of ticles of organization or the operating agreement of the	ws of the the regardity of the li	ne State gistered compan mited li	office v, it is ability	and the business of hereby confirmed to company or as oth	itice of t that the c	ne regis :hange(:	teren s)
					man, Attorney-i	n-Fact		
Sign	lature of a member regulative discontinued representative of a member			_	Printed or typed name	of signed	_	
provi the of to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect withauge in the registered office address. It ed in writing of hits change.	ree to a perform d for in hereby	et in thi mance of Chapte confirm	s capa of my d or 605, o that th	city. I further agre uties, and I am fam F.S. Or, if this doc he limited liability (ie to com iliar wit cument i company	ply with h and a s heing has he	i the ccept filed en
	Danielle Goesman, Spe	ocial S	9C+ :r					
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