2/5/2019

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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 Florida.

(<u>a</u>)			(b) .	
,	Principal office address of limited liability company:			Mailing address of limited liability company:
	(Note: MUST BE STRUET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	1152 STEALTH ST LIVERMORE, CA 94551		1152 STE.	ALTH ST LIVERMORE, CA 94551
	06/27/2018		M18000006	(X)6
	Date of filing/registration in Florida	4.		Document number
(a)	1			
(-)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Stat	c:
	HARZEWSKI, JOE			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		± 10	
	11277 MISTY RIDGE WAY			- TEB
	BOYNTON BEACH	33473		
	BOYNTON BEACH F	L		- SS - S
(b)				是 是)
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office :	iddress:	A. 9.
				35. 43.
	C T Corporation System			
	NEW Registered Office Address:			
	1200 South Pine Island Road			-
	Plantation , F	L 33324		
				-
e chi ent v as/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members	of the reg liability of the li	gistered office company, it i mited liabilit	c and the business office of the registe s hereby confirmed that the change(s) y company or as otherwise provided i
e art \/	icles of organization or the operating agreement of the		d hability corristin L. Krusk:	
1/4 Si201	Man L Valles Mure of a member or authorized representative of a member	-	istii C. Kiuski	Frinted or typed name of signee
	the accent the annalythesis as realistered agent and as	gree.iq a	et in this cap	acity. I further agree to comply with t dulies, and I am familiar with faut acc 5, F.S. Or, if this document is being fil the limited liability company has been

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