1170000191665

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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporation	ns ·	·		
SUBJECT: FIES	T CLASS AOI Name of Lii	OLTANCE DETUCKY LLC	<u> </u>	
Dear Sir or Madam:				
The enclosed Registered Agen	t/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	DANOSTER_ of Person	<u>.</u>		
FIRST CLASS Firm/C	Apptance De Company	IIVERY LLC		
5754 Coepul	ATIW CIP.			
FOOT MYPPS City/State	Fr. 3396S and Zip Code			
E-mail address: (to be use	AHO. COM ed for future annual repo	ort notification)		
For further information concern	ning this matter, please of	call:		
JAMIE SANGSIER Name of Perso		239) U99-6675 Area Code & Daytime Teleph	one Number	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
S \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy		

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.

i. Na	ame of the limited liability company: FIRST CLASS AC	PRIANCE DELIUNEY LLC
2. (a)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STSLE CORPORDATION CIP.	
	FORT MYRS, Fr. 33905	
3.	Date of filing/registration in Florida 4.	_17000019665 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of	f State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	SEC TALL
	STSG CORPOLATION CIR.	ARE S T
	For myces, FL 33905	SSEE SEE
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	F STATE FLORIDA
	NEW Registered Office Address:	<u></u>
	5756 CORPORATION CTR.	
	FORT MYRES , FL 33905	_
the cha agent v was/we	imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company are authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signal.	ture of a member or authorized representative of a member	Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapter by reflect a change in the registered office address, I hereby confirm to in writing of this change.	
Oliginatui	re of Registered Agent	