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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Bosiness Entry Nome)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 595794 8026669 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: January 4, 2021 ORDER TIME : 12:01 PM ORDER NO. : 595794-005 CUSTOMER NO: 8026669 CHANGE OF AGENT NAME: LITTLE MUNYON, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT#

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	Little Munyon, LLC	_					
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.				
Please ret	turn all correspondence concerning this r	natter to the fo	ollowing:				
John Ray	y						
	Name of Person		_				
Little Mu	nyon, LLC						
	Firm/Company		_				
14785 Pr	reston Rd., Suite 975						
	Address		_				
Dallas, T	X 75254						
	City/State and Zip Code		_				
notices@)shmarinas.com						
E-m	nail address: (to be used for future annual	report notification	ation)				
For further	er information concerning this matter, ple	ease call:					
John Ray		972 at (488-1314				
	Name of Person		Area Code & Daytime Telephone Number				
N	Aailing Address:		Street Address:				
	legistration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	O. Box 6327		The Centre of Tallahassee				
Ţ	fallahassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the following an	iount:					
•	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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.

2. (a)		(b	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4200 N FLAGLER DR		14785 Pr	· ·	
	7200111100001011		14785 Preston Rd., Suite 975		
	WEST PALM BEACH, FL 33407		Dallas T>	< 75254 	
	04/13/2006		L06000039	9009	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	SERVICE USA, INC.				
,. (a)	Registered Agent and Registered Office shown on the records of			e:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		
	7900 GLADES ROAD, STE. 402			2021 JAH - 5 M 8: 53	
	BOCA RATON	33434		- 139 July 17	
	BOCA RATON, FI			- 為主力	
2 L 3				e e	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		dress;	- ຸ້່ນ	

	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street	<u>-</u>		_	
	Tallahassee . FI	32301			
c.i .:		C .1	/h	-	
i ine ii hange	mited liability company is not organized under the la or changes are made, the Florida street address of the	ws of the registere	State of Fload office an	orida, it is hereby confirmed that after the distances office of the registered	
gent v	vill be identical. Or, in the case of a Florida limited li	ability co	mpany, it is	s hereby confirmed that the change(s)	
he arti	cles of organization or the operating agreement of the				
Ç	h KM J	Johr	n Ray, Auth	norized Signatory	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
rovisi he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	performa d for in C hereby co	mce of my d Thapter 605 Infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been	
	re of Registered Agent funanda & T	Klu	-ee	_	
Signatur	re of Registered Agent	\mathcal{F}			

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