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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	PATRICIA HIGG Name of Person	ins	
	Lm B II L Firm/Company	<u>LC</u>	
1201 Win Word at			
	tun ta God City/State and Zip Code	a F1.33950	
E	Pb) 10300 @ m -mail address: (to be used for future annua	Sn.Com Treport notification)	
For fur	ther information concerning this matter, pl	ease call:	
	Patricia Higgins Name of Person	at (561) 445-9049 Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
	Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following amount:		
	\$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.

1.	Na	me of the limited liability company:
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.5.	(a)	Date of filing/registration in Florida Patricia Hugins Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 10300 Came back Un Social Ration FL 33498 Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Patricia Higgins NEW Registered Office Address: 1201 Winward Court Punta Garda FL 33950
the ag wa the	e cha ent was/we e arm	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. The latest the confirmed that after registered vill be identical. Or, in the case of a Florida limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. The latest the confirmed that after registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company. The latest the limited liability company or as otherwise provided in the limited liability company. The latest the limited liability company or as otherwise provided in the limited liability company.
pr the to	oviși e obli mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent