L11000058799

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
, , , , ,									
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COVER LETTER

TO:	Registration Section Division of Corporations						
	Dividual of Gerpelment			10 m			
SUBJE	FALANGA ENTERPRISES, LLC CT:						
	Na						
Dear Si	r or Madam:			20520-3 77-210			
The end	losed Registered Agent/Registered O	ffice Change and f	ec(s) are submitted for filing.	8			
Please r	eturn all correspondence concerning	this matter to the fo	ollowing:				
Robert /	A. Falanga						
	Name of Person		_				
Falanga	Enterprises, LLC						
	Firm/Company						
11200 A	tlantis Place, Suite C						
	Name of Person Interprises, LLC Firm/Company Iantis Place, Suite C Address a. Georgia 30022 City/State and Zip Code Dimindspring com mail address: (to be used for future annual report notification) are information concerning this matter, please call: Falanga Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Name of Section Street Address: Registration Section						
Alphare	tta, Georgia 30022						
	City/State and Zip Code		_				
rfalanga	@mindspring.com						
E-	mail address: (to be used for future a	nnual report notific	ation)				
For furt	her information concerning this matte	er, please call:					
Robert /	A. Falanga	4	805-7486				
	Name of Person	ut (Area Code & Daytime Telephone Number	er			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
	Enclosed is a check for the following	ng amount:					
	■ \$25 Filing Fee	Filing Fee \$\Bigsig \$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.

(a)	1041 Parkside Commons, Suite 101, Greensboro, Ga. 30642	(b)	11200 Atla	antis Place, Suite	C, Alpharetta, Ga. 30022
(- /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		3	-	imited liability company: POST OFFICE BOX)
	1/29/2020	_	-	110000587	799	
	Date of filing/registration in Florida	4.	_		Document num	her
	Platinum Filings LLC	٦.			iscument num	
(a)	Registered Agent and Registered Office shown on the records of th	ie Floric	in L	Dept. of State	-	
	155 Office Plaza Drive		.u 1.	reja. Or State	v .	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	2 :
	Tallahasee, Florida 32301					0 77
					-	
					_	المراجع الاست. الفيا العام
	Robert A. Falanga					20 FEB -3 PH 2: 18
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	
	-					Ø ,
	1101 Prospect Promenade	 .			_	
	NEW Registered Office Address:					
	Suite 104	. <u>.</u>			<u>.</u>	
	Panama City Beach	32413				
	rL_				_	
nge nt v :/wo	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egister oility c the lin imited	red om nite lia	office and pany, it is ed liability bility com	d the business of s hereby confirm y company or as	ffice of the registered ned that the change(s) otherwise provided in
gnat	ture of a member or authorized representative of Amember				Printed or typed n	ame of signee
visi obl nere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ho d'in wriging of this change.	e to ac erforn for in erchy c	t it tan Ch ton	this capa ce of my a apter 605 firm that t	acity. I further a duties, and I am i, F.S. Or, if this the limited liabil	igree to comply with th familiar with and acce document is being file lity company has been

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