111000112859

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	y/State/Zip/Phone #	P)			
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Name	e)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400308131054

01/26/18--01013--004 **55.00

TATE TO AN 20 AT STATE

S. WARREN JAN 29 2018

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CT: Legacy Options LL Name of Limite	C. ed Liability Company				
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.				
Please r	return all correspondence concerning this matter to	the following:				
<u> </u>	Michael R. 1-logt. Name of Person					
	egacy Options LLC Firm/Company					
43	76 Corporate Square S Address	suitel				
_NA	City/State and Zip Code					
Mic E-	haelh @ Leggcy options. comail address: (to be used for future annual report	notification)				
For furt	ther information concerning this matter, please call	:				
<u>_</u>	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS18	3 (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: Legacy	<u>0</u> 0	tions 1	LLC		
	4376 Corporate Square				rparite	Square
· (**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (3)		lailing add	ress of limite	d liability company:
			< <i>i</i> :			TOFFICE BOX
	Suite!	-		te 1		2/1 - 1/
	NAPLES, FL 34104	_	N^{\wedge}	به لعن	<u> </u>	34104
	01/22/2011		1 11	د مید	7 7 M ~ Q	
3.	O6/22/20// Date of filing/registration in Florida	4. –	<u> L//(</u>		ナ <u>&ひろフ</u> nt number	
3. (a)	Clarence 6. Witzenburg. Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State	: ::		
	4376 Corporate Square.				,	_
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				=	~ ~
	Suitel				; -	FILE JAN 26
	NAPles .FL	30	104.		;;;	71 Em
		_		•	;;; <u>-</u> -	m
(b)	Enter name of NEW Registered Agent and/or NEW Registered C)Mac add			Ĺ	9. 4.
	Enter name of NEW Registered Agent and/or NEW Registered C	onice audi	1035.		7	rn 🖅
	4376 Coeparate. Square.					
	NEW Registered Office Address:					
	Suitel					
	N . A . I					
	NAples .FL	34	104,			
If the li	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t	s of the S	State of Flo	orida, it is	hereby co	infirmed that after
agent w	vill be identical. Or, in the case of a Florida limited liab	oility cor	npany, it is	s hereby c	onfirmed t	that the change(s)
	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	imited lis	ability com	ipany.	نہے۔	·
	ure of a member or authorized representative of a member	_1//	ichAe	10	Why	to
	//				//	-
1 neret provisio	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha	e 10 act 1 verforma for in C	in this cape nce of my c hapter 605	duties, an	irtner agre d I am fam : if this do	ee to comply with the uiliar with and accept current is being filed
to mere notifiea	egations of my position as registered agent as provided by reflect a change in the registered office address, I hi I in writing of this change.	ereby col	nfirm that i	the limite	d liability	company has been
•	0 910 A.A-					
Signatur	e of Registred Reen					