## L13000004851

	(Requestor's Name	)			
	(Address)				
	(Address)				
·	(City/State/Zip/Phor	ne #)			
PICK-U	P WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					
GECENTE 2017 HAY - 1 AM 9: 45	E.FLORIDA				
SECE 2017 HAY - 1	SLOVE MASSE				

Office Use Only



800298219258

05/02/17--01021--008 \*\*25.60

FILED
2011 MAY -1 P 3 11
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE MAY 08 2017

## **COVER LETTER**

Division of Corporations	
SUBJECT: Queno Name of Lin	Willage 21057 LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Charlotte Tilley	
Name of Person	
Law Office of Michael Tilley	The second secon
Firm/Company	
128 Wilderness Cay	MAY -1
Address	SSEE
Naples FL 34114	OF S
City/State and Zip Code	
Mike@MRTilley.com	••••••••••••••••••••••••••••••••••••••
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Charlotte 5	392-5707
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	at:
■ \$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)	me of the limited liability company: Queens Village				
(a)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6400 N Andrews Ave Ste 490				
	Ft Lauderdale, FL 33309				
	01/14/2013		L13000006	851	
3.	Date of filing/registration in Florida	4.		Document number	
i. (a)	INCORP SERVICES LLC				
, (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	17888 67Th Court North			,	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SECR SECR	
	Loxahatchee , FL	3:	3470	NAY -1 FARY OF AHASSEE.	
(b)	InCorp Services, Inc.			T OF S	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	P 3 1 1	
	17888 67th Court North				
	NEW Registered Office Address:				
	Loxahatchee, FL 33470			, in the second	
	Loxahatchee ,FL	3:	3470		
he changent was/we he arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the sure of a member or authorized representative of a member of of a	the regis ability co of the lim limited l ree to act perform d for in C hereby co	stered office ompany, it is inted liability company is in this capaance of my displayed that the confirm that the	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee Applications, and I am familiar with and accepted for the limited liability company has been hereby confirmed by the limited liability company has been hereby confirmed to the limited liability company has been hereby confirmed to the limited liability company has been hereby confirmed to the limited liability company has been hereby confirmed to the limited liability company has been hereby confirmed to the limited liability company has been hereby confirmed to the company has been hereby confirmed to the limited liability company has been hereby confirmed to the company has been hereby confirmed to the company hereby confirmed that the change(s) company or as otherwise provided in the company or as otherwise provided in the company or as otherwise provided in the company with the company with the company hereby confirmed to the confirmed to the company hereby confirmed to the confir	

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