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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

INHS18 (2/14)

	ory Blvd., UC nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rundall R. Rubenacker						
27390 Hickory Blvd. UC Firm/Company						
1103 W. Randolph St.						
M LCUNS boro, 12 62359  City/State and Zip Code						
MICULE. Karcher-& Hrequip. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Rundall R. Rubenackerat (618) 1643-2700  Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee. Florida 32301	Tallahassee. Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

## 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	ame of the limited liability company: $\int$	17390 HIC	Kony Blv	d.LC		
2. (a)		(b)				
. ,	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1103 W. RandoPoh	SJ.	· · · · · · · · · · · · · · · · · · ·			
	Mylansporo, IL G	2859				
	05/01/2013	1	_1300006	4057		
3.	Date of filing/registration in Florida	4.	Document n	umber		
5. (a)	REA Agents, Inc	<b>/.</b>				
, ,	Registered Agent and Registered Office shown on the	records of the Florida Dep	ot. of State:			
			<del></del>			
	Registered Office Address (MUST BE FLORIDA			28		
	150 Park Shore Drive	3rd Dinne	<del>.</del>	17-11 2019 APR 281 (138)		
	Naples	FL340	03-3587			
	Out a poul			2		
(b)	Enter name of NEW Registered Agent and/or NEW	<u> 2lVIACKUR</u>	<u>,                                     </u>	FH 12: 06		
	Enter name of NEW Registered Agent and/or Street	Registered Office address	2.			
	27320 Hickory Blv	d.		<i>€</i> , <b>6</b> 6		
	NEW Registered Office Address:					
			<del></del> -			
	D :: C	$\alpha \cup \alpha$				
	Don ita Springo	FL_3413	34-8407			
If the l	imited liability company is not organized und	ler the laws of the Sta	te of Florida, it is he	reby confirmed that after		
the cha	inge or changes are made, the Florida street a will be identical. Or, in the case of a Florida I	ddress of the registere	ed office and the busi	iness office of the registered		
was/x	ere authorized by an affirmative vote of the miscles of organization or the operating agreeme	nembers of the limited	Hiability company of	r as otherwise provided in		
inejari	respiration of the operating agreeme	$\bigcirc$	$i \leftrightarrow \Delta \Delta$	Joenselson		
/ Signa	ture of a mymber or authorized representative of a mem		rdau R Ru Printed or type	wenacker ed name of signee		
I here	by accept the appointment as registered agen	t and agree to act in t	this capacity. I furth	er agree to comply with the		
the obl	by accept the appointment as registered agentions of all statutes relative to the proper and ligations of my position as registered agent as ely reflect a charge in the registered office act in writing of this charge.	s provided for in Chap Idress I hereby confi	e of my duties, and 1 pter 605, F.S. Or, if rm that the limited 14	am jamuar wun ana accept this document is being filed ahility comnony bas haav		
nofifie	in writing of this change.		m mu me umueu u	ионну сотрину нак песн		
Kinney		<del></del>				