1/5000017350

(Requestor's Name)				
(Address)				
(Address)				
, , ,				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Obtained depices				
Special Instructions to Filing Officer:				
-				

Office Use Only



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K. SALY FEB 1 6 2017

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	Falling Pear LLC					
	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
			€			
Ryan You	ng					
	Name of Person		-			
Falling Pe	ar LLC					
	Firm/Company		-			
104 Bridge	eton Street					
————	Address		-			
	Addiess					
Davenpor	t, Florida 33896		_			
	City/State and Zip Code					
•	lingpear.com		_			
E-mail	address: (to be used for future and	nual report notifica	ation)			
For further i	nformation concerning this matter	, please call:				
Ryan You	ng	607	425-7468			
	Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:						
_	istration Section	Registration Section				
	ision of Corporations ton Building	Division of Corporations P.O. Box 6327				
	1 Executive Center Circle	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee			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. N	ame of the limited liability company:Falling Pear I	LLC			
2. (a)	Falling Pear	(b) Fallin	(b) Falling Pear		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	104 Bridgeton Street	104 B	Bridgeton Street		
	Davenport, Florida 33896	Dave	nport, Florida 33896		
	01/29/2015	L1500	0017350		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	United States Corporations Agents, INC				
J. (u	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:		
	13302 Winding Oak Court				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
			= 2		
	Tampa, FI	33612	ZUITFEB FALLAH		
(b)	Ryan Young		ASS. 13		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	The F		
	Falling Pear		F.F. STATE		
	NEW Registered Office Address:				
	104 Bridgeton Street				
	Davenport . FI	_33896			
sign I herr provict the obtone notification.	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member seby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of his change.	f the registered of iability company, of the limited liable limited liability Ryan You	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee Capacity. I further agree to comply with the		
Signat	ure of Registered Agent				