7/13/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

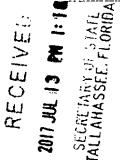
From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for futume: annual report mailings. Enter only one email address please.\*\*

Email Address:\_



## LLC REGISTERED AGENT CHANGE CHIPPING INVESTMENTS FL, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

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	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: CHIPPING INVES	STMENTS FL, LLC
000000	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MARGOT MULLIN	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	<del></del>
notices@rasi.com	
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matter,	please call:
MARGOT MULLIN	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, 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 (2/14)

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## 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

Name of the limited liability company.		(b)		, ——	
2. (a) Principal office address of limited l  (Note: MUST BE STREET	liability company:	(b)			npany:
198 NORTH 600 EAST HYRUM, UT 84319		198 NORTH 600 EAST HYRUM, UT 84319			
08/12/2015			_15000137441	1	
3. Date of filing/registration	in Florida	4.	Document	number	
5. (a)					
5. (a) Registered Agent and Registered Office sh  INCORP SERVICES,		e Florida	Dept. of State:		
Registered Office Address (MUST BE	FLORIDA STREET AL	DRESS)			
17888 67TH COURT NORTE LOXAHATCHEE, FL 33470	Н	';		ZIII JUL Schāe i fallah	
(b)					
(b) Enter name of <u>NEW Registered Agent</u> an	id/or NEW Registered C	office add	Fess:	(LI)(	
Registered Agent Solutions,	Inc.				وهوديمه و
NEW Registered Office Address:				9A 🐱	
155 Office Plaza Dr., Suite A	4				
Tallahassee	, FL	32301			
If the limited liability company is not orgathe change or changes are made, the Florid agent will be identical. Or, in the case of was/were authorized by an affirmative vot the articles of organization or the operation /s/PHILLIP CHIPPING  Signature of a member or authorized representation of the appointment as regist provisions of all statutes relative to the property to merely reflect a change in the registere notified in writing of this change.	inized under the law da street address of the a Florida limited lial the of the members of g agreement of the l	he regis bility co the lim imited I	mpany, it is hereby control in the bit mpany, it is hereby control in the bit mpany is billity company.  ELLIP CHIPPING  Printed or the bit makes the bit makes and the bit makes the bi	MANAGE	registered ange(s) vided in

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

Justine Karnell

Signature of Pegistered Agent Assistant Secretary