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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section

Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: CARISON MAChine LLC Name of Limited Liability Company
Name of Limited 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:
MARY L CEKhARdt Name of Person
CARLSON MAChine LLC Firm/Company
7915 SW122 NF SF Address
7915 SW 129 ST Address GAINTSVILLE FL 32408 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Many L Ec Khradt at (321) 821-8826 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 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

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

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1915 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: MAY BE POST OFFICE IN 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post Office In 1925 Std.) 1921 Std. (Note: May Be Post O				ve, LL			
CAINESUILE FL 33168 CAINESUILE, FL 33168 Discontinuous Content of Medical Agent and/or New Registered Office address: CAINESUILE FL 33168 CAINESUILE, FL 33168 L 18060138312 Document number 4. Document number State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7918 SW 192 ND ST CAINESUILE, FL 33168 Page 18060138312 Document number Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7918 SW 192 ND ST CAINESUILE, FL 33168 Page 18060138312 Document number Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7918 SW 192 ND ST CAINESUILE, FL 33168 Page 18060138312 Document number Registered Office Address (MUST BE FLORIDA STREET ADDRESS) THE ST SW Registered Office Address:	Principal office address of limited liability company:	(0	,	_			
CAINES VILLE FL 33168 CAINES VILLE, FL 33168 Date of filing/registration in Florida 4. Document number 5. (a) CAR SON CHR FIS R Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 79 / S SW 192 ND SF CAIDROUM FL. FL. 22618 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: MARY L ECK hand F NEW Registered Office Address:	7915 SW 122005+	·	791	15 SW	122'	5.4	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 79/5 SW 199ND ST GAINPOULL, FL 2008 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:	GAINES VIlle FL ASLOS		GAIR	Jesti Ile	FL	22668	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 79/5 SW 199ND ST GAINPOULLY FL 22608 Finter name of NEW Registered Agent and/or NEW Registered Office address: MARY L CCK hand T NEW Registered Office Address:	06-04-2018			180001	38210	3	_
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 79/5 50/19200 5† CAIDPOULLE FL. 42608 Enter name of NEW Registered Agent and/or NEW Registered Office address: MARY L CCK hand † NEW Registered Office Address:					number		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 79/5 50 192 ND 5† CAIDPOULLY FL 42608 Enter name of NEW Registered Agent and/or NEW Registered Office address: MARY L CCK hand † NEW Registered Office Address:	a) CARISON CURTIS R			_			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: MARY L CoKhandt NEW Registered Office Address:	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of St	atc:			
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Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: See Section Section See Section S	7					17.55 17.55	
MARY L Eckhandt NEW Registered Office Address:				<u></u>		im =4	
MANY Registered Villee Address.	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office add	lress:				
AT.W Registered Villee Address.	MARY L Eckhandt			_		STATE LONIO	
7915 SW 122NS ST	NEW Registered Office Address:					<u>}-</u> -	
	7915 SW 122ND St	·					
GAINESUIlle FL 32608	GAINEDITE.	FL 3,2	608				
e identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the cha							
		the limited I	iability co	ompany.	_	·	
s/were authorized by an affirmative vote of the members of the limited liability company or as otherwise pro- articles of organization or the operating agreement of the limited liability company.	ent I Callen	C4	atis	R. Cni	2/50N	<u>) </u>	_
is/were authorized by an affirmative vote of the members of the limited liability company or as otherwise pro- e articles of organization or the operating agreement of the limited liability company.	•			•	•	-	
as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise procedure articles of organization or the operating agreement of the limited liability company. Curl Curl Solve Printed or typed name of signee	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and compl	agree to act ete performa	in this ca ince of m	pacity. I furi v duties, and 35 ES Or :	ther agree I am fami if this doc	to comply with liar with and a ument is being	i Sil
as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise pro- e articles of organization or the operating agreement of the limited liability company.	ied in writing of this change.	ided for in C , I hereby co	napter of onfirm tha	t the limited	liability c	ompany has be	. , ,

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