## L14000131921

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	·- · · · · · · · · · · · · · · · · · ·
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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CONTROL OF THE PROPERTY OF THE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:			
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:			
Chelsey R. Delgado Name of Person  dwell, pb, 11C  Firm/Company			
Firm/Company			
1544 Carriage Brooke Prive			
Wellington, FL 33414  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Chelsey R. Delgado at (Sel), 722.1105			
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 P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee			

INHS18 (2/14)

## 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: <u>dwell</u> , pb, 11c	
2. (a)	Principal office address of limited liability company: UF	Carriage Brooke Dr. Well ailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1544 Carriage Brooke Dr. 1544	Carriage Brooke Dr.33
	Nellington, TZ 33414 Wel	lington, TZ 33414
3.	August 22,2014 L1  Date of filing/registration in Florida 4.	4000131921 Document number
5. (a)	Chelsey R. Delgado	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> 2550 Residential Way #205	
	West Palm Beach FL 33401	<u>.</u>
(b)	Chelsey R. Delgado Csame as before,	) SEP
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	1544 Carriage Brooke Dr.	
	NEW Registered Office Address:	
	Wellington FL 33414	
the char agent w	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the registered hereby confirmed that the change(s)
was we the artic	cre authorized by an affirmative vote of the members of the limited liability comparison or the operating agreement of the limited liability comparison.	oany.
Signat	ture of a member or authorized representative of a member	Printed or typed plane of signee
I hereb provision he obli propere	by accept the appointment as registered agent and agree to act in this capa- ions of all statutes relative to the proper and complete performance of my d igations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been