## L18000028347

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SECRETARY OF STATE

AUR 1977 T**SCHROED**ER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Senman Holdingo Name of Limited Liability	Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this matter to the following	ng:	
Cheryl D'Alola Name of Person  Rental Marketing Solutions Firm/Company		
4700 9 AVE 7 Address		
St. Peters Brug # 33713 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
(he ry) DA 101a at (737) at Area	233-4853	
Name of Person Area	Code & Daytime Telephone Number	
* · · · · · · · · · · · · · · · · · · ·	G ADDRESS:	
	on Section of Corporations	
Division of Corporations Division of Clifton Building P.O. Box	-	
• · · · · · · · · · · · · · · · · · · ·	ee, Florida 32314	
Enclosed is a check for the following amount:		
☐ \$25 Filing Fee ☐ \$55 Filin	g Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED DEFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LY BILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State

Florida.	
Name of the limited liability company: \(\frac{1}{2}\tau \cdot \frac{1}{2}\tau \cdot \fr	775107104 5 220
2. (a) <u>341/36 SEZU</u>	(b)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Bradienton 31 34 265	
1/26/19	L18CCCC 28347
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of t	he Florida Dent, of State:
3411 30 At 10	Transition of the state of the
Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
12 1 7 - FI	34205
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ketig Schutons, LLC
Enter name of NEW Registered Agent and/or NEW Registered	
4700 ( AUE )	A SE TI
NEW Registered Office Address:	
ST Pelers hung FL	<u>33713</u>
If the limited liability company is not organized under the lay	ws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of	ability company, it is nereby continued that the change(s)
the articles of organization or the operating agreement of the	limited hability company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. I notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been
Signature of Registered Agent	

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