Maurice L. Mottle 8919 Southern Breeze Dr Orlando, FL 32836-5044 City/State/Zip Phone # Sho Office Use Only Office Use Only

CORPORATION NAME(S) & DOCUME. $1 -11502$	MENT NUMBER(S), (if known):	MJH
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certified Copy	y
☐ Mail out ☐ Will wait	Photocopy Certificate of	Status
NEW FILINGS	AMENDMENTS	OI AI SECRI
Profit Not for Profit Limited Liability Domestication Other	 □ Amendment □ Resignation of R.A., Officer/Director □ Change of Registered Agent □ Dissolution/Withdrawal □ Merger 	FILED AUG 20 PM 1:48 CRETARY OF STATE LAHASSEE, FLORIDA
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	- <u>-</u>

Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

ageni, or boin, in the state of Fibrial.
1. The name of the limited liability company is:
2. The mailing address of the limited liability company is:
5401 Kirkman Read, Scite 660
Orlando, Florida 32819 L000000 11562
3. Date of filing/registration in Florida 4. Document number
9 15 100 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Anich Vanderseyet Name
Odordo Fl 30819 City, State and Zip
6. The name and address of the new registered agent and/or office:
Mantice Mottie Name 5401 histman Road Suite Ideo Florida street address (P.O. Box NOT acceptable)
City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Y AMNICK VANDEWEYER (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
NHS18(10/99) FILING FEE: \$25.00