

2010000 07886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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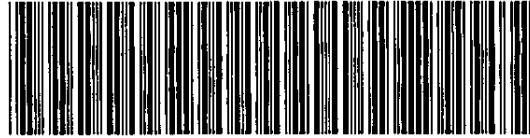
(Business Entity Name)

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J SHIVERS

*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.*

2. (a) 916 BEAL PKWY NW

32547

(b) 916 BEAL PKWY NW

32547

5. (a) TARA HARRISON

FL 32547

**, FL 32547**

INHS18 (2/14)