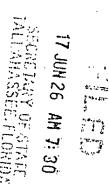
203000000690

Office Use Only



600300264906

06/26/17--01028--017 **25.00



JUN 2 9 2017 J SHIVERS

COVER LETTER

Po: Registration Section Division of Corporations							
2001 Florida LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this mat	ter to the following:						
Lynda V. Harris							
Name of Person							
2001 Florida LLC							
Firm/Company							
5793A NW 151 Street							
Address							
Miami Lakes, FL 33014							
City/State and Zip Code	 						
lh1607@aol.com							
E-mail address: (to be used for future annual re	port notification)						
For further information concerning this matter, please	e call:						
Lynda V. Harris	954 559-9816						
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	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

1. Na	me of the limited liability company: 2001 Florida LI	LC					
/ 2. (a)	5793A NW 151 Street, Miami Lakes FL 33014	4	(b)	5793A I	NW 151 Str	eet, Miami Lak	es, FL 3
-: ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	_		-	of limited liability co BE POST OFFICE	
3.	06/02/2017 Date of filing/registration in Florida	- 4.	_	L03	30000 Document nu	00690	
5. (a)	Lynda Harris	→.			Document no	moer	
	Registered Agent and Registered Office shown on the records of the 14411 Commerce Way, #320, Miami Lakes, F Registered Office Address (MUST BE FLORIDA STREET AL	FL 3	30	•	e: -		
(1-)					-	17 JU SEOR FALLA	n Per.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Lynda V. Harris	ffice a	ddr	<u>ess</u> :	_	W 26 AM	A ABTORNEY Professions The adjusted
	NEW Registered Office Address:				_	201 120 #	A A A
	5793A NW 151 Street				_	0 S	
	Miami Lakes , FL 3	3014	ļ		_		
he cha agent w was/we he artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab under the distribution of a member of a listatutes relative to the proper and complete poss of all statutes relative to the proper and complete poss of all statutes relative to the proper and complete poss of all statutes relative to the proper and complete poss of all statutes relative to the proper and complete possibly reflect a change in the registered agent as provided if y reflect a change in the registered office address, I he	ne regility of the line mited	iste com mite lia nda	red office pany, it is ed liability bility con a V. Har	e and the busing shereby configured or a company or a company. This Printed or types acity. I further	ness office of the irmed that the character as otherwise pro	registered ange(s) vided in
топутеа	ly reflect a change in the registered office address, I he in Ariting of this change. Howw cofficed Agent	reby	con	firm that	the limited lia	ibility company h	as been