## L03000013472

(Re	equestor's Name)	
(Ac	idress)	
F K	arefoot Bookke P.O. Box 2928 Cey West, FL 33	045
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	isiness Entity Nar	ma)
,00	Jamesa Limiy iva	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Oni	lv



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## 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.

1.	The name of the limite	me of the limited liability company is: Poor White Trash Developing LLC						
			company is: 621 Whitehead Street,					
				Key West, FL 33				
04/15/03			L03000013472					
3. Date of filing/registration in Florida				4. Document num	nber			
	The name of the registe Florida Department of			address as shown c	n the records	s of th	е	
		621 Whitehead Stre	Name et					
		Key West, FL 3304						
6	The name and address	•	State and Z	•		_	ш	
6. The name and address of the new registered agent and/or office:					03 MAY 22	VISI VISI		
		Lenka HARRINGTO				A	器	
		621 Whitehead Stre	Name eet				FRY	
		Florida street address (P.O. Box NOT acceptable)				7	중국	
		Key West, FL 33040 $_{ m FL}$				ဟ	RATE	
		City, S	tate and Zi	p		ထ	345	
co an lia the	the limited liability comnifirmed that after the ched the business office of bility company, it is here members of the limited operating agreement of the limited operations agreement operations agreement of the limited operations agreement of the limited operations agreement ope	nange or changes are mather registered agent with the confirmed that the diability company or a	ade, the Flo ll be idention change(s) as otherwis	orida street address of	of the registe	red of	fice 1	
(Si	gnature of a member or authori	zed representative of a membe	r)	•				
	LENKA	HARRINGTON	)					
	rinted or typed name of signee)	ntmant as registered as	rent and ac	vae to act in this ca	nacity I first	har a	rvaa to	
co an Cr ad	hereby accept the appoi mply with the provision a I am familiar with an apter 608, F.S. Or, if t dress, I hereby confirm	s of all statutes relative d accept the obligation his document is being f that the limited liabilit	to the pro s of my pos iled to mer y company	ree to det in tille cap ber and complete pe ition as registered a ely reflect a change has been notified in	erformance of the control of the con	f my a ided f ered o is chi	luties, or in effice ange.	
(Si	gnature of Registered Agent)	Carryloy						

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