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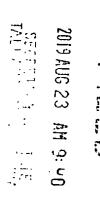
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
	R. LAURENCE, LLC						
SUBJI		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	iclosed Registered Agent/Registered Off	ice Change	and	fec(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	the f	following:			
Ren	ee Laurence						
	Name of Person	 					
R. La	aurence, LLC						
	Firm/Company	<u>-</u>		<u></u>			
5340) W. Kennedy Boulevard, Suite 42	23					
	Address			_			
Tam	pa, FL 33609						
	City/State and Zip Code						
adm	in@rlaurence.com						
	E-mail address: (to be used for future ann	nual report n	otifi	ication)			
For fu	rther information concerning this matter,	, please call:					
Rene	ee Laurence	954	ļ	240-9217			
		at ()			
	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	g amount:					
	✓ \$25 Filing Fec		1 \$5	55 Filing Fee & Certified Copy			
INHSI	8 (2/14)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Stationida.

	R. LAUREN				
	me of the limited liability company: 5340 W. Kennedy Boulevard		5340 W	V. Kennedy Boulevard	
_, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 423		Suite 42	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) 23	
	Tampa, FL 33609		Tampa,	FL 33609	
	06/06/2003		L030000	20423	
3. 5. (a)	Date of filing/registration in Florida Renee Laurence	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 3325 Bayshore Boulevard	f the Florida	Dept. of State	#	
	Registered Office Address Suite E-23	'ADDRESS)		-	
	Tampa	33629 L		_	
(b)	Renee Laurence			2019 AUG	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- UG <u>1</u>	
	5340 W. Kennedy Boulevard			23 A	
	NEW Registered Office Address Suite 423				
	Tampa F	33609 L		_	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the wheel Address &	of the regis liability co of the lim c limited l	tered office mpany, it is ited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as provid ely reflect a change in the registered office address, l I in writing offihis change.	gree to act e performa led for in C I hereby co	in this capa ince of my hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filea the limited liability company has been	
Signatu	re of Registered Agent				

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