## 103000028651

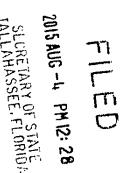
(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	<b>⇒</b> #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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K.SALY EXAMINER AUG 13 2015

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	BURNING BUSH, LLC  Name of Limited Liability Company					
SUBJECT.						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to t	he following:			
LANCE K	(IM		·			
	Name of Person					
BURNING	BUSH, LLC		•			
	Firm/Company	•				
2237 SW	19TH AVENUE ROAD		,			
	Address		<del></del>			
OCALA, F	L 34471					
	City/State and Zip Code		<del></del>			
drlykim@a						
E-mail	address: (to be used for future ann	nual report no	otification)			
For further i	information concerning this matter	, please call:	•			
LANCE K	IM	352 at (	867-9877			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	closed is a check for the following	g amount:				
<b>□</b> \$	S25 Filing Fee	×	\$55 Filing Fee & Certified Copy			

## 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. N	ame of the limited liability company:	SH, LL	.C	
2. (a)	2237 SW 19TH AVENUE ROAD	(b	2237 S	W 19TH AVENUE ROAD
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	OCALA, FL 34471		OCALA	, FL 34471
	STE 101	<del></del>	STE 10	1
	08/04/2003		L030000	28651
3.	Date of filing/registration in Florida	4.		Document number
5. (a	LANCE Y. KIM (1st registered agent)			
J. (u	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	e:
	2237 SW 19TH AVENUE ROAD			2015 SH
	Registered Office Address (MUST BE FLORIDA STREET A. STE 101	<u>DDRESS</u>	7	PILED PHIZ: 28 PALLAHASSEE, FLORID
	OCALA EL C	34471		SET P
(b)	MARIE L. KIM (2nd registered agent)  Enter name of NEW Registered Agent and/or NEW Registered 6  2237 SW 19TH AVENUE ROAD	Office ad	dress:	ORIO.
	NEW Registered Office Address:			_
	STE 101			_
	OCALA , FL	34471		_
the chagent was/w the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lature of a member or authorized representative of a member seby accept the appointment as registered agent and agree	the regis bility co f the lim limited l	stered office ompany, it inted liability iability con ince Kim	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  **Marie Kim**  Printed or typed name of signee**  **Deacity** I further agree to comply with the signee**
provision the object to me	sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	perform I for in ( ereby c	ance of my Chapter 60 onfirm that	duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent