L04000038950

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
OCT 29 ZOZ4					

Office Use Only



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10/14/24--01004--003 **25.00



COVER LETTER

	ristration Section vision of Corporations		
SUBJECT:	Registered Agent address chang		
		Name of Limited I	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to the	following:
Mira Lafferto	on		
	Name of Person		
Dalfen Indus	trial		
	Firm/Company		<u> </u>
17304 Presto	n Rd. Ste. 550		
	Address		
Dallas, TX 7	5252		
	City/State and Zip Coo	de	
mlafferton@c	dalfen.com		
E-mail	address: (to be used for future	annual report notif	ication)
For further in	nformation concerning this ma	tter, please call:	
Mira Lafferto	งก	972 at (733-6940
	Name of Person	at (Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enci	osed is a check for the follow	ing amount:	
■ \$2	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.

(a)		(t	o)
ζ/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17304 Preston Rd. Ste. 550		17304 Preston Rd. Stc. 550
	Dallas, TX 75252		Dallas, TX 75252
	11/29/2018		L04000038950
	Date of filing/registration in Florida	4.	Document number
(a)			
(a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:
	Drakes, Shelly		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2
	5575 SEMORAN BLVD. SUITE 5010		
	Orlando	77477	
	Orlando,	FL	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:
			- [1
	Drakes, Shelly		
	NEW Registered Office Address:		
	390 N. Orange Ave, Suite 210		<u></u>
	Orlando	FL_32801	
ange ent v is/wo	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the control	he registere liability co s of the lim he limited l	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
ierel ovisi obl	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect of change in the registered office address,	igree to act te performa ded for in C	in this capacity. I further agree to comply with the name of my duties, and I am familiar with and acco hapter 605, F.S. Or, if this document is being file