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COVER LETTER

TO:	Registration Section Division of Corporations	5	5 % .
			- IK.
SUBJ	ECT: $\angle \mathcal{E} = \angle \mathcal{E} $	evelopment LCC of Limited Liability Company	
	Name	of Limited Liability Company	7.0
Dear S	Sir or Madam:		ं ह
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	4
Please	return all correspondence concerning this	matter to the following:	•
	Joseph A Colyca	<u> </u>	
	Name of Person		
	L&F Development	466	
	Firm/Company		
	OSBADANSANDA P.O.BOX	195455	
	· Address		
	Winter Springs FL City/State and Zip Code	32719	
	City/State and Zip Code	.4	
	Loyer ja Q 9 ma E-mail address: (to be used for future annua	W.COM	
	E-mail address: (to be vsed for future annua	l report notification)	
For fu	rther information concerning this matter, pl	ease call:	
	Joseph A. Colyer	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 a	nount:	
	OV\$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. N	ame of the limited liability company:	Deve	:100 Ment, L	
2 (a)		(b) _	"(New ma	uling address)
2. (a)	Principal office address of limited liability company:	_ (0)_		of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY I	BE POST OFFICE BOX)
			P.O BOX 19	75455
			Winter	Springs, FL 32
	03/22/205		L050000	28590
3.	Date of filing/registration in Florida	4.	Document nu	· ·
<i>5</i> ()	Joseph A. Moluec			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida D	ept, of State:	
			•	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
		_	Cu do 24.	
			101th 200	
	<u>Orlando</u> , FL	328	3/7	
	Degistered Agents Inc			
, (b)	Registered Agents Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>\$\$</u> :	
	7901 4th St N			1234 1234
	NEW Registered Office Address:			5
	STE 300			
				<u> </u>
	St. Petersburg	33702		*
		33702		-
If the l	imited liability company is not organized under the law	s of the St	ate of Florida, it is here	cby confirmed that after
the cha	imited 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	s of the St the registe bility com	red office and the busing pany, it is hereby confi	mess office of the registered med that the change(s)
the cha agent v was/w	imited 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 ere authorized by an affirmative vote of the members of	vs of the St the registe bility com f the limite	red office and the busing pany, it is hereby confi ad liability company or	mess office of the registered med that the change(s)
the cha agent v was/w	imited 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	vs of the St the registe bility com f the limite	red office and the busing pany, it is hereby confi ad liability company or	mess office of the registered med that the change(s)
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