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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: FEDERATION LLC	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
DAVE B HOWELL	
Name of Person	
FEDERATION LLC	
Firm/Company	
2221 TOURNAMENT CT	
Address	
KISSIMMEE, FL 34746	
City/State and Zip Code	
davehowellmail@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Dave B Howell	902-7154
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 amoun	nt:
2 \$25 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. Name of the limited liability company: Federation, LLe	
2. (a) 2221 TOURNAMENT CF (b) 2221 TOURNAMENT	Cf
Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE	
Kissimmee, Pa 34746 Kissimmee Pa 3	20706
MISSIMINEE, 16 39170 MISSIMINEE 16 -	1770
	1
2060000 9778	l ce
10/6/2006 Date of filing/registration in Florida 4. Document number	
5. (a) DAVE B- Howell	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
6800 ambarradox DK	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	رجس ا
ORIAN6 ,FL 32818	
orimino , FL 32010	
(b)	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	اد اد
2221 Tournament Ct	K.
NEW Registered Office Address:	
1)	
hissimmee FL 34746	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed	hat after
the change or changes are made, the Florida street address of the registered office and the business office of the	ie registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the c was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise process.	hange(s) ovided in
the articles of organization or the operating agreement of the limited liability company.	()
Signature of a member or authorized representative of a member Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to companie of all statistics relative to the proper and complete parformance of my duties and I am familiar with	ply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company notified in writing of this change.	t and accept t being filed has/been

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

Signature of Registered Agent