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C. GOLDEN AUG - 9 2019

COVER LETTER

-	istration Section ision of Corporations	•						
SUBJECT:	12811 KENWOOD LANE LLC							
		ited Liability Company						
Dear Sir or l	Madam:							
The enclose	d Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.						
Please return	n all correspondence concerning this matter	to the following:						
2661	NA WOLCZEV Name of Person							
12011	WENWOOD LANE LV Firm/Company	<u>C</u>						
1533	ANGEL DIWVE							
9ANI	HEL FL 3395 City/State and Zip Code	1						
W) W 0 E-mail	Address: (to be used for future annual repor	M t notification)						
For further i	nformation concerning this matter, please co	ll:						
REGIN	A WOLCZEK at (Area Code & Daytime Telephone Number						
	Name of Person	Area Code & Daytime Telephone Number						
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:								
□ \$	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.

١.	Na	ime of the limited liability company: 12911 4	ENWO	100 L	ANE	LLC.		
2.	(a)	12011 Kenwood Vanc	(b)	1537	, Amo	rel Dr	ym	
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/2			of limited lia		
		FOR MYONG FL 37907		9w		FL	330	167
		411612007		1,070	0004	0 87-	7	
3.		Date of filing/registration in Florida	4.		ocument r		•	
5	(a)	WALTER WOLCHEK						
٥,	(4)	Registered Agent and Registered Office shown on the records of th	ne Florida De	ept. of State:				
		1577 ANGEL DRIVE						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
							2(
		SANIMEL ,FL	73019	57			2019 Aug	
	(b)	REGINA WOLCZEK					II2	- = - : - :
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u>:ss</u> :			PH	, M
						~	<u>ن</u> ــــ	
							20	
		NEW Registered Office Address:						
		, FL_						
the age	e cha ent v is/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	the register bility comp f the limite	red office a pany, it is l ed liability	ind the bus iereby con company o	iness office firmed that	e of the the cha	registere nge(s)
V	, ') [[Him Woln				01,076	K	
7	Signat	ture of a member or authorized representative of a member		WALTE	rinted or typ	ed name of si	ignee	
pro the to	ovisi 2 obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	ee to act in performand for in Cho ereby conf	this capac ce of my di apter 605, i firm that th	ity. I furth ties, and I F.S. Or, if e limited li	ner agree to am familio this docun iability con	o comply ir with a rent is b ripany ho	with the and accepting filed as been

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

Signature of Registered Agent