## LU70000 49321

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

K. SALY MAR 3 0 2018

## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT:		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eduard Mayer Name of Person		
Flite Cottages, LCC Firm/Company		
14100 N Highway 19 Suite A		
Salt Springs FL 32/34 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Ed Mayer at (352) 185.1900  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee		

## 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. Name of the limited liability company: (b) Mailing address of limited liability company: Principal office address of limited liability company: MUST BE STREET ADDRESS (Note: MAY BE POST OFFICE BOX) 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address Enter name of NEW Registered Agent and/or NEW Registered Office address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

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

notified in writing of this change.

Signature of Registered Agent