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Office Use Only



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SECKETARY OF STATE OVISION OF CORPORATIONS

Ra Other Change

AUG 3 0 2019

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|------------|-----------------------|
| SUBJECT: BOARDMANS LL Name of Limit | ted Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Change | e and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to | o the following: | | |
| Kenneth Eric Boardma | nn_ | | |
| Boardmans Luc Firm/Company | | | |
| 7610 SE Eagle Avenue Address | | 19 AUG I | SEURETA NYISION OF |
| Hobe Sound FL. 33455 City/State and Zip Code | | 19 PM 2: | RY OF ST |
| Kebdesigns@comcast.net E-mail address (to be used for future annual report | | 3 0 | ATIONS |
| For further information concerning this matter, please call | l: | | |
| Kenneth Evic Boardman at (5 | (U1) 398-1587 Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations | | |

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

TO:

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

| 1. | Na | me of the limited liability company: <u>Boardman</u> | s UC | | | |
|---------------|--------------|--|---------------------|--|------------|------------|
| 2. | (a) | Boardmans LLC Principal office address of limited liability company: | Boara | | | |
| | | (Note: MUST BE STREET ADDRESS) | | ddress of limited liab MAY BE POST OF | | |
| | | - | 7610 SE | _ | | |
| | | Hobe Sound, FL. 33455 | Hobe So | und, FL. | 334 | 22 |
| | | 07/16/2007 | L0700 | 00733 | 16 | |
| 3. | | Date of filing/registration in Florida 4. | Docum | nent number | | - |
| (| (b) | Registered Agent and Registered Office shown on the records of the Florida Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 760 SE Fagle Avenue Hobe Sound , FL 334 | 155 | • | 19 AU6 19 | SECKETAR |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office add | <u>ess</u> : | | PM 2: 3 | Y OF STATE |
| | | NEW Registered Office Address: | | | 30 | Ħ |
| | | 7600 SE Eagle Avenue | | | 0. | , |
| | | Hobe Sound, FL 334 | <u>55</u> | | | |
| the (agei | chai nt w | mited liability company is not organized under the laws of the Sage or changes are made, the Florida street address of the regist ill be identical. Or, in the case of a Florida limited liability con | ered office and the | husiness office | of the re- | gistered |

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

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 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 notified in writing of this change.

Signature of Registered Agent