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FILED 19 MAY 28 AM 5:50 SECRETARY OF STATE VALUAHASSEF, FLORIDA

WAY 2 9 2019 T SCHROEDER TO: **Registration Section** Division of Corporations

anrad Ye SUBJECT: _LC Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Hlice</u> Adams Name of Person

Firm/Company les UC

JUCE Address

32114 NX City/State and Zip Code

(ve) ·CCS OI address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

506 Area Code & Davtime Telephone Number

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

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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.

FILING FEE: \$25,00

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