## 108000036281

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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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18 MAY -9 PN 1: 33

SECRETARY OF STATE
FALL SHARGEE FLORINA

K. SALY MAY 15 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 7325 NW 744 /	Place, LLC mited Liability Company		
Name of Li	mited Diabinty 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 matter	er to the following:		
FRAN Godfrey			
Name of Person			
Kirklo Firm/Company			
Firm/Company			
403 NW 23rd Drive			
Address			
Address  City/State and Zip Code	•		
e-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, please call:			
fran Godfreyat(	352 ) 377-8347  Area Code & Daytime Telephone Number		
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 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$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. Na	ame of the limited liability company: <u>1325 NW 74<sup>st</sup> Place</u>	220
2. (a)	2000 Townish Folando and 2000 Forming	ted liability company:
3. 5. (a)	APRIL 8, 2008  Date of filing/registration in Florida 4. Document number  (MAT/05 W. Li Hell  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
(b)		SEONIASSEE P
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  3177 Fenwick Fsland Drive  NEW Registered Office Address:  Jackson with:	1: 33
the cha agent v was/we the arti	limited liability company is not organized under the laws of the State of Florida, it is hereby company or changes are made, the Florida street address of the registered office and the business of will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed authorized by an affirmative vote of the members of the limited liability company or as offices of organization or the operating agreement of the limited liability company.  The state of a member of the limited liability company.  The state of a member of the limited liability company.  Printed or typed name	office of the registered I that the change(s) herwise provided in
I here provisi the obi to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agricions of all statutes relative to the proper and complete performance of my duties, and I am failigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this defely reflect a change in the registered office address, I hereby confirm that the limited liability in writing of this change.	ree to comply with the miliar with and accept ocument is being filed ocompany has been

Signature of Registered Agent