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K. SALY MAY 15 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: 7.325 NW 13th	Blod LLC
Name of Lir	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
FRAN Godfrey Name of Person	
Kirkeo Firm/Company	
<u>403</u> <u>NW</u> <u>23</u> <sup>ro</sup> <u>Dr</u> Address	
City/State and Zip Code	22
City/State and Zip Code	
enal address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	
A .	oan.
TRAN Nodfrey at (	352 3118247  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 amoun	t:
\$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.

1. Na	me of the limited liability company:	N	WL	34 B	lud	LLC
2. (a)	3111 Fenwick Fsland Dr Principal office address of limited liability company:	_ (b)		· • •	の <u>ピカ<i>WTO</i></u> ess of limited	K IS/And D
	(Note: MUST BE STREET ADDRESS)					OFFICE BOX
	Jacksonville fl 32224		Jac	Ksonu.	ī //E,	41 32224
3.	APril 8, 2008  Date of filing/registration in Florida	 4.	۷	0800		183
3.	A 1	4.		Document	Hulliber	
5. (a)	Charles W LiHell			-		
	Registered Agent and Registered Office shown on the records of th		Dept. of Stat	e:		
	2234 NW 40 4 Terra	ce		_		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)				
	Juiti B			_	五台	₹ <b>6</b>
	<u>Cainesuille</u> , FL	32	605	_	۾ سال آءِ <u>ج</u> ي	麦九
(b)	Catherine G. Kirk Pate	rick				FILE
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Office addr	css:	_	iii iii	图 湿 口
	3777 Jenwick Island	Dri	ve			STATE STATE
	NEW Registered Office Address:			_	77	. *·· <b>N</b>
			·····	<b>-</b>		
	Sacksonville ,FL	32.	22 Y	_		
the cha agent w was/we the arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab increa the companization or the operating agreement of the li	he registe oility con the limit imited lia	ered offic npany, it i ed liabilit ibility con	e and the best s hereby con y company npany.	usiness off onfirmed the or as othe	fice of the registered nat the change(s) rwise provided in
Cel	thm flutter transfer authorized representative of a member		eithe	inu Li	VKDCit	)1Ch
				Printed or t	yped <sup>9</sup> name o	f signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agree 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 had in writing of this change.	e to act i verforman for in Cl vreby cor	n this cap ace of my apter 60: afirm that	acity. I fur duties, and 5, F.S. Or, the limited	ther agree I am fami if this doc liability c	e to comply with the liar with and accept ument is being filed ompany has been
	re of Registered Agent	/				