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COVER LETTER

то:	FO: Registration Section Division of Corporations		
SUBJ	ECT: Hestman haw Name of Lie	First PL nited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
	GILMER M. HEITMAN Name of Person	- IV	
	HEITMAN LAW FIRM Firm/Company	PL_	
	11153 Malayan Stra	cet_	
	Boca Rafon FL 33 City/State and Zip Code	3428	
-91	mha palmheach construct E-mail address: (to be used for future annual repo	fimlaw-org ort notification)	
For fu	rther information concerning this matter, please of	rath	
	Marianne A South FRPat (_ Name of Person	<u>361</u>) <u>249 - 2879</u> Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amoun	1: already sent check \$35.00	
	□ \$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.

a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Boca Katuri FL 33428	(Note: MAY BE POST OFFICE BON)
-	BOCA KATON PL JSTC8	LOCA (CUROTI PZ 00
	9/9/200 8 Date of filing/registration in Florida 4.	L08000086 908 Document number
K	Registered Agent and Registered Office shown on the records of the Florida Dept. of 515 North Flagler Drive, I Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	P-300
- o) _ E	West Palm Blach FL 3340 GILMER M. HEITMAN IV Enter name of NEW Registered Agent and/or NEW Registered Office address:	9
- 1	11153 Malayan Street NEW Registered Office Address:	

agent will be identical. Or, in the case of a Florida limited hability company, it is hereby confirmed that the chair 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.

Orinted or typed name of signee south Heithra ward 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 notified in writing of this change.

8/10/20 Allunian destruction of Registered Agent