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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJECT: Floors 2 Ceilina Name of Limit	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Name of Person		
Firm/Company		
220 Dillon Circle		
City/State and Zip Code Floors 2 ceiling a cahoo E-mail address: (to be used for future annual report	2017 MAR - 3 P 1: 46 SECRETARY OF STATE ALLAHASSEE, FLORIDA Notification)	
For further information concerning this matter, please cal	RATE B	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

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:	<u> 2C</u> e	<u>ښانم</u>	COM.		
2. (a)		(b))	ノ		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	N	Mailing address of lim (Note: MAY BE Po		
	7720 Em Dr	<u>. </u>	بال	20 Em		
	O-12-20, FL 32822	<u> </u>	01-	Ja, FC	S)Z	37
	3/26/19		1 10	EE00000	763	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State	– e:		
	1 1.11					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
	1720 Eme Dr			_		
	Orlanda ,FL	328	22	_		
	O >				_ ≥	
(b)	Luis Class)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:		HAR	**************************************
	226 Dillon Circle			SSEE SSEE -	3	
	NEW Registered Office Address:			- 4	U	[I]
	$\bigcirc \lambda_{-} \circ 0_{-}$			-037A		O
	Oriens,			- 5	=	
	Orlando, FL	329	307	_	O.	
If the 1	imited liability company is not accomized under the law	n aftha (toto of Ele	omida it ia hamabu	oon firms	ad that after
the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	the regist	ered office	e and the business	office of	f the registered
agent v	vill be identical. Or, in the case of a Florida limited lial	bility con	npany, it is	s hereby confirme	d that the	e change(s)
was/we the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	i me nimi limited lia	ed naonny	y company or as c npany.	merwise	provided in
2	Dun-		1.1711-	. 1 Do.		
Signat	ture of a member or authorized representative of a member		ω	Printed or typed nan	ne of signe	ee ·
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act i performa for in Ci ereby coi	n this cape nce of my e hapter 605 nfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this o the limited liabili	ree to co amiliar v locumen ly compa	omply with the with and accept t is being filed my has been
Signatur	re of Registered Agent					