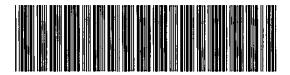
## 40000081319

(Requ	iestor's Name)				
(Address)					
(Addr	ess)				
<b>,</b>	<b>,</b>				
(City/s	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nar	ne)			
(Doct	ıment Number)				
Certified Copies Certificates of Status					
-					
Special Instructions to Fi	ling Officer:				

Office Use Only



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06/26/17--01017--020 \*\*25.00



D. SCOTT Jun 2 9 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hopele of Fort Landerdale LLC Name of Limited 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:	
Davio Penlecost Name of Person	
Firm/Company	
8815 Auport Way UNIT 11 Address	<u> </u>
Address  Tuls L OL 74/32  City/State and Zip Code	EU
DAVIO. Pentecost a pandoragalleria.net  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (918) 607 6015  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. Nam	e of the limited liability company:	pele of For	+ Lau	dedale	LLC	
2. (a)	21/20 00 1	ompany: (b)	Mail	A(/ f.o/+ ing address of limitate: MAY BE PO	ted liability con	ipany:
_	FORT LAUSENSHE	FL 33304 _	-14	ulsa ol	7413	2
	8-2-2010		<u></u>	100000	8/319	? 
3.	Date of filing/registration in Florid	la 4.		cument numbe		
5. (a) _	DAULD PENTECOST					
R	egistered Agent and Registered Office shown on the	e records of the Florida D	ept. of State:			
_						
R	Legistered Office Address (MUST BE FLORID)					
	200 E SEA GI Veno Benett	ony Dr.	<u> 2</u>		ESS T	
	Veno Benett	FL 32	963			П
_			<del></del>		PRETARY AHASSE	LE
(b) _	In Corp Service	SITUCO				
Ēr	nter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office addre	<u>ss</u> :		コン	
Ξ.	17888 674 (	ourt Nor	the		TATE	₩ 
<u>N</u>	17888 67th ( EW Registered Office Address: Lovahatchee	FL 33	470		,	
	~					
_		, FL	<del></del>			
the chang agent will was/were	ited liability company is not organized un- te or changes are made, the Florida street a l be identical. Or, in the case of a Florida authorized by an affirmative vote of the resort organization or the operating agreem	address of the registe limited liability com- nembers of the limite ent of the limited lial	red office and pany, it is he d liability co bility compar	d the business of reby confirmed mpany or as of ay.	office of the i that the chai herwise prov	registered nge(s) ided in
/	/ Mu	D <sub>1</sub>	10 10 Pa	nted or typed name	naraging	nember
Signature	of a pember or authorized representative of a men	nber	Pri	nted or typed name	of signee	
I hereby provision the obliga to merely notified in	accept the appointment as registered ages s of all statutes relative to the proper and ations of my position as registered agent a reflect a change in the registered office a n writing of this change.	nt and agree to act in complete performan s provided for in Cho ddress, I hereby conj	this capacit ce of my duti apter 605, F., irm that the	v. I further ag es, and I am fa S. Or, if this d limited liability	ree to comply miliar with a ocument is be ocompany ha	with the nd accept ring filed s been
<i></i>						

Signature of Registered Agent