1100000 94131

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

∢,

Office Use Only



300329867773

05/36/19--01816--614 *+25.00





COVER LETTER

Division of Corporations			
SUBJECT: 3804 Reflections LIC	sility Company		
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:			
Rhonda CRY WILLIAMS Name of Person	-		
3804 Reflections L-LC Firm/Company	-		
525 GRAND Regency Blue Address	4.		
BRANDON FL 33510 City/State and Zip Code	-		
E-mail address: (to be used for fluture annual report notifications)	Ation)		
For further information concerning this matter, please call:			
) 490 -5104 Area Code & Daytime Telephone Number		
Registration Section Registration of Corporations Division Olivision Building P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	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.

I. Na	ame of the limited liability company: 3804 Resident for	sLC.
	525 Grand Regency Blud (b) 53	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	BRANDON, EL 33510 BRA	NOON FL 33510
3.	5 -25-17 Date of filing/registration in Florida 4.	SOCOGUISI Document number
5. (a)	1111	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	1 AMPA FL 33606	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	 ∴
•	SDS Grand Regency Blvd NEW Registered Office Address:	7:- 7:- 7:-
	BRANDO FL 3350	_
the cha agent v was/wa	imited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered officially be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability confices of organization or the operating agreement of the limited liability confidence.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	where of a member or authorized frepresentative of a member by accept the appointment as registered agent and agree to act in this cap	Printed or typed name of signee
provisi the obl to mer	oy accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 602 ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Moncha Chy Williams ure of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

.