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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of 1	Florinv LLC 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:
Marie B Code, Esq Name of Person	
Marie B. Code Esq. P.L. Firm/Company	
1308 SW 27th Terrace	
Cape Coral FL 33914 City/State and Zip Code	
marie@marieesquire.com E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Marie B Code, Esq	at (239)829-0063 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 followi	ng amount:
\$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 608.416 or 608.508, 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.

8961 Conference Dr. Ste 2 ort Myers, FL 33919 8961 Conference Dr. Ste 2
8961 Conference Dr. Ste 2
ort Myers, FL 33919
L11000024135
Document number
records of the Florida Dept. State:
ode, Marie B Esq 🔒 👼 🛖 🗕
ape Coral FL 33990 P 2
Registered Office address:
ape Coral ,FL 33914
ida street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an affirmative vote se provided in the articles of organization are to act in this capacity. I further agree to a complete performance of my duties, for as registered agent as provided for in a reflect a change in the registered office as been notified in writing of this change.

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