

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

Office Use Only



400304084684

10/06/17--01011--003 **25.00

64 18 HW 8-170 21

OCT 0 4 2017 Y S'J' KER

COVER LETTER

TO: ** Registration Section Division of Corporations				
SUBJECT: FLMS Plant City	LLC			
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	is matter to the following:			
Denise Cloe				
Name of Person	_ .			
FLMS Plant City LCC				
Firm/Company				
524 Carnation Drive				
Address				
Winter Park, FL 32792				
City/State and Zip Code				
dcloe@comcast.net				
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	please call:			
Denise Cloe	407 951-8079			
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	S55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuent 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: FLMS Plant Cit	, LLC
2.	(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Plant City, FL 33563	
		4-11-2011 L	11000043136
3.		Date of filing/registration in Florida 4.	Document number
<i>5</i> .	(a)	Corporate Creations Nature In C Registered Agent and Registered Office shown on the records of the Florida Dept. of State 11380 Prosperity Farms Rd Hzzi E Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	(b)	Palm Bruch Gardens, FL 33410 Denise Clol Enter name of NEW Registered Agent and/or NEW Registered Office address:	17 OCT - 6 AM 8: 49
		524 Connection Drive NEW Registered Office Address:	8: 4.9 *4 :8 #4
		Winter Park FL 3279Z	-
th ag	e cha gent v as/w	imited liability company is not organized under the laws of the State of Fl inge or changes are made, the Florida street address of the registered offic vill 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 liabili- icles of organization or the operating agreement of the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Fell TIV	Printed of typed name of signer
	_	thre of a member or authorized representative of a member	Trinea in Tripen name by organic
I pi th to no	here ovis e obi mer otifie	by 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 60 ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent