	041 561					
(Requestor's Name) (Address) (Address)	400332888264					
(City/State/Zip/Phone #)	08/16/1901017003 ++25.00					
ertified Copies Certificates of Status Special Instructions to Filing Officer:	<b>FIL ED</b> 2819 AUG 16 AH 9: 55 SECRETARY OF STATE FLU AHASSEE, FLORIBA					
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AUG 23 2019

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-1	:	COVER 1	LETTER		
	gistration Section vision of Corporations				
SUBJECT	TABLE 26, LLC				
SODIFCI		ne of Limited L	lability Company		
Dear Sir or	Madam:				
The enclose	a Registered Agent/Registered Off	ice Change and	fec(s) are submitted for filing.		
Picase retur	n all correspondence concerning th	is matter to the	following:		
	J				
Jim Perki	nș				
	Name of Person	· _ · _ · _ · _ · _ · _ ·	·		
Corporate	Creations Network, Inc.				
	Firm/Company				
11380 Pro	psperity Farms Road #221E				
	Address		<u></u>		
Palm Bea	ch Gardens, Florida 33410				
<u></u>	Cliy/State and Zip Code		<u> </u>		
Jim.perkin	s@corpcreations.com				
B-mail	address: (to be used for future ann	ual report notifi	ication)		
For further i	nformation concerning this matter,	please call:			
Jim Perkin	s		694-8107		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	iosod is a check for the following	amount:			
<b>1</b> 2 \$2	25 Filing Fee	D \$5	5 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. N	ame of the limited liability company:	;					
2. (a)	204 WENONAH PLACE	1	204 WE	NONAH PLACE			_
	<ul> <li>Principal office address of limited liability company: (Note: MUST HE STREET (DDRESS)</li> </ul>	(		Mailing address of limited li (Notu: MAY BE POST C	•	· ·	
	WEST PALM BEACH, FL 33405		WESTF	ALM BEACH, FL 3	33405		
							<u> </u>
	08/09/2011		L110000§	91561			_
3.	Date of filing/registration in Florida	4.		Document number			
S. (a)	Patricia Lebow, PA. Registered Agent and Registered Office shown on the records of the						
	Registered Agent and Registered Office shown on the records of the ONE N CLEMATIS ST	Ploridi	Dept. of State	st.			
	Registered Office Address (MUST BEFFLORIDA STREET AD) SUITE 500	DRRSS	2				
	WEST PALM BEACH	3401			11	2	
(ს)	Corporate Creations Network, Inc.				SECRE	2819 AUG	- <del>1</del> 1
	Enter name of NEW Registered Agent and/or NEW Registered Of	lee nele	lress:		AHASS	6 16	
					щ., С	AH	
	NEW Rogistored Office Address:		_			∳ Ħ	Ű
	11380 PROSPERITY FARMS ROAD #221E					``^	
	PALM BEACH GARDENS	410			>	ζΛ,	
(he chai agent_w was/we	mited liability company is not organized under the laws on nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the	regis ity co ie lim	tered office mpany, it is ited liability	and the business office hereby confirmed that company or as otherw	e of the ri the chan	ogistere	d
the artic	tes of organization or the operating agreement of the lim		ability com	Lebow, P.F	ť		
I hereb provisid the obli to mere	tre at a member or authorized representative of a member of a member of authorized representative of a member of a second agree to a second agree to the proper and complete per gations of my position as registered agent as provided for by reflect a change by the registered office address. I here in writing of this change.	o act forma r in C eby co	in this capa ince of my d hapter 605, nfirm that ti	Printed or typed humo of sl city, I further agree to utfes, and I am familia F.S. Or, (f this docum he limited liability com		with the nd accep ing filea s been	

Signature of Regimerer Agoint

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

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