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SECRETARY OF STATE
SECRETA



COVER LETTER

Division of Corporations		
SUBJECT: FLMS Auburndale L	LC	
	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:	
Denise Cloe		
Name of Person		
FLMS Auburndale LLC		
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 annua	l report notification)	
For further information concerning this matter, pl	ease 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 an	nount:	
\$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 Ma	ne of the limited liability company: FLMS Auburndale LLC
	501 Magnolia Aul (b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Auburndale, FL 33823
3.	9-26-2011 L1100110031 Date of filing/registration in Florida 4. Document number
5. (a)	Cosporato Creations Network, In C Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	11380 Prosperity farms Rd # 2716 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Palm Boach Gardens FL 33410 Denise Clol
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	524 Connection Drive NEW Registered Office Address:
	Winter Point ,FL 3279Z
the cha agent v was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	- 10 0/20
Signa	ure of a member or authorized representative of a member Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of mv duties, and I am familiar with and accept igations of mv position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

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

Signature of Registered Agent