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SEP 1 6 2019 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sober Companions LLC. Name of Limited Liability Company			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Rick Parrish			
Name of Person			
Sober Companions, LLC Firm/Company			
4959 SW 4th Circle Address			
Ecula, FL 3447/ City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Rick Parrish at (352) 2/6-020/ Name of Person Area Code & Daytime Telephone Number			
Area Code & Daytine Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INH\$18 (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:Sober Confan	ions LLC
2. (a)		
~. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4959 SW 4th Circle 4	959 SW 4th Circle
	^ 1 <del>-</del> -	cala FL 34471
	10/20/11	11000 120 104
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	John A Wast	
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	_ .e:
	·	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	1187 SE 65th Circle	
		_
	Ocala ,FL 34472	: : : 5
		- (A
(b)	Donald R. Parrish Tr.	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	. 5
	NEW Registered Office Address:	-
	4959 SW 4th Circle	
	<u>Ocala</u> , FL 3447/	/ -
me cha agent w was/we	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is a suthorized by an affirmative vote of the members of the limited liability core of organization or the operating agreement of the limited liability company.	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
Signar	ure of a member or authorized representative of a member	Printed or typed name of signee
l hereb provisio he obli o mere	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 605 ly reflect a change in the registered office address, I hereby confirm that it in writing of this change.	anima I Carellana a succession to the state
Signatur	e of Registered Agent	
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