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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 68333 LLC			
	ne of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to th	ne following:	
Melinda Clarke			
Name of Person			
68333 LLC			
Firm/Company			
4902 Wood Duck Circle			
Address			
Vero Beach, FL 32967			
City/State and Zip Code			
paxmelinda@gmail.com			
E-mail address: (to be used for future and	nual report no	tification)	
For further information concerning this matter	, please call:		
Melinda Clarke	772 at (365-1557	
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	g amount:		
■ \$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. N	ame of the limited liability company: 6833	33 LLC	
2. (a)	4902 Wood Duck Circle	(b)	
(,	Principal office address of limited liability of (Note: MUST BE STREET ADDRES)	отрапу:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, FL 32967		
	March 26, 2019		
3.5. (a)	Date of filing/registration in Floric John Farrell	da 4.	Document number
J. (a)	Registered Agent and Registered Office shown on the 5200 NW 43rd St.	ne records of the Florida Dept, o	
	Registered Office Address (MUST BE FLORID)	A STREET ADDRESS)	2019 MAR 29 SECRETARY SECRETARY
	Gainesville	, FL 32606	29
(b)	Melinda Clarke		
(0)	Enter name of NEW Registered Agent and/or NEW	V Registered Office address:	— STALE 53
	4902 Wood Duck Circle		<u>.</u> ω
	NEW Registered Office Address:		
	Vero Beach	, FL 32967	
the cha agent was/w the art Sign I here provis the ob- to mer	will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ideas of organization or the operating agreem ture of a member or authorized representative of a member of approximation of a member of approximation of a member of	address of the registered of limited liability company members of the limited liability and the limited liability mber	office and the business office of the registered (i.i. it is hereby confirmed that the change(s) ability company or as otherwise provided in

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