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K.SALY EXAMINER FEB 23

COVER LETTER

TO: Registration Section Division of Corporations							
L. I. COTTAGE, LLC SUBJECT:							
• • • • • • • • • • • • • • • • • • • •	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning th	is matter to the following:						
NICOLAS SIHA							
Name of Person							
LEGALINC CORPORATE SERVICES	INC.						
Firm/Company							
17350 STATE HIGHWAY 249							
Address							
HOUSTON, TX 77064							
City/State and Zip Code							
SUPPORT@LEGALINC.COM							
E-mail address: (to be used for future ann	nual report notification)						
For further information concerning this matter,	, please call:						
NICOLAS SIHA	713 478.1040 at ()						
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	□ \$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. Na	L. I. COTTAGE	=, LL	.C 		
2. (a)	841 PRUDENTIAL DRIVE, 12TH FLOOR		(b) _	337 E.	1200 S.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32207	_	(DREM,	UT 84097
	04/26/2012		L	20000	56874
3. 5. (a)	Date of filing/registration in Florida USA-RA LLC	4.			Document number
J. (a)	Registered Agent and Registered Office shown on the records of the 841 PRUDENTIAL DRIVE	e Flori	da De	pt. of Stat	te:
	Registered Office Address 12TH FLOOR	DDRE:	<u>SS)</u>		2011 7.A.1
	JACKSONVILLE , FL	3220	7		2016 FEB
(b)	LEGALINC CORPORATE SERVICES INC.				ASSEE P
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	addre	<u>ss</u> :	OF SU
	5237 SUMMERLIN COMMONS				enilis
	NEW Registered Office Address: SUITE 400				
	FORT MYERS 3	3390	7	·	_
the cha agent v was/we the arti	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the reg bility of the li imited	giste comp mite I lial	ed office pany, it i d liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany. IHA
_	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change	e to a perfori for in ereby	ict in mani Che conj	this cap se of my spter 603 irm that	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
Signatu	re of Registered Agent				