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WALK-IN

**&** 

ENTITY NAME:

HEIR, LLC

CK# 3953 FOR \$25.00

PLEASE FILE THE ATTACHED COA & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

OFFICE USE

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. Name of the limited liability company;	HEIR LLC	
2. (a) Principal office address of limited liability company	7174 Regina Way	
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32819	
(b) Mailing address of limited liability company:	7174 Regina Way	
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32819	
June 4, 2012	L12000074326	
3. Date of filing/registration in Florida	1. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept	. of State:
Registered Agent:	United States Corporation Agents, Inc.	
Registered Office Address:	13302 Winding Oak Court	
	Suite A Tampa, FL 33612	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u> If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl	NRAI Services, Inc.  515 East Park Avenue  Tallahassee  aws of the State of Florida, it is orida street address of the region	SECRETARY OF SECRE
and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	cal. Ot, in the case of a Florid was/were authorized by an aff wise provided in the articles of .	a limited irmative vote organization
Signature of a member or authorized representative of a member	<b>-</b>	
Marcus Jordan Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filled to men accepts. The province of the province	ree to act in this capacity. I fi per and complete performance lition as registered agent as pr ely reflect a change in the regi has been notified in writing of	urther agree to of my duties, ovided for in stered office this change.

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

by: