## L120000 84903

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJEC	UNIT 1704, LLC							
00000	Name of Limited Liability Company							
Dear Sir	or Madam;							
The enclo	osed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.					
Please re	turn all correspondence concerning th	nis matter to the	e following:					
Louis D	e Meyer							
	Name of Person		<del></del>					
	Firm/Company		<u> </u>					
118 Va	n Dyck Dr							
	Address		<del></del>					
Nokomi	is. FL 34275							
	City/State and Zip Code		<del></del>					
louisder	meyer.ldm@gmail.com							
E-m	nail address; (to be used for future and	nual report noti	fication)					
For furthe	er information concerning this matter,	, please call:						
Louis D	e Meyer	941 at (	4009257					
	Name of Person		Area Code & Daytime Telephone Number					
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314						
E	Enclosed is a check for the following	amount:						
ũ	S25 Filing Fee	□ \$	55 Filing Fee & Certified Copy					
INHS18 (2	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.

	• • • • • • • • • • • • • • • • • • • •	<del></del>				
(a)	1102 Derian PI	(b) 1102 Derian PI				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	f limited liability company: E POST OFFICE BOX)		
	Nokomis, FL 34275	<u>N</u>	okomis, FL 34275			
	06/28/2012		2000084903			
	Date of filing/registration in Florida	4.	Document nu	mber		
(a)	Registered Agent and Registered Office shown on the records of Louis De Meyer	the Florida Dep	n, of State:			
	Registered Office Address (MUST BE FLORIDA STREET)  1102 Derian Place	ADDRESS)				
	Nokomis	34275				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> David Culver	Office address	<u>,;</u>			
	NEW Registered Office Address:			Ξ		
	118 Van Dyck Dr.			1000 p.1		
	Nokomis . FI.	34275				
cha ent v s/we arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literatuthorized by an affirmative vote of the members of organization on the operating agreement of the	the registere ability comparts of the limited limbility limited liabi	ed office and the busing any, it is hereby confu- liability company or :	less office of the registered med that the change(s)		
cha ent v s/we arti	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ergauthorized by an affirmative vote of the members of	the registere ability comparison of the limited liabi	ed office and the busing any, it is hereby confit liability company or lity company.  De Meyer  Printed or typed	ness office of the registered rmed that the change(s) as otherwise provided in name of signee		