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PICK-UP	WAIT	MAIL	
(Bu	ısiness Entity Nai	me)	
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations			
SUBJECT:	FLMS Lake wales	, ac		
Name of Limited Liability Company				
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.	
Please return	all correspondence concerning this i	natter to the fo	ollowing:	
Denise Clo	oe e			
	Name of Person		_	
FLMS 2	ako wales LCC			
	Firm/Company		_	
524 Carna	ition Drive			
	Address		<del></del>	
Winter Par	rk, FL 32792			
	City/State and Zip Code			
dcloe@co	mcast.net			
E-mail	address: (to be used for future annua	l report notific	cation)	
For further ii	nformation concerning this matter, pl	ease call:		
Denise Clo	pe	407	951-8079	
	Name of Person		Area Code & Daytime Telephone Number	
	EET/COURIER ADDRESS: istration Section		ILING ADDRESS: istration Section	
Divi	sion of Corporations	Division of Corporations		
	ton Building I Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	ahassee, Florida 32301	ran	unussee, Pioniau 32314	
Enc	losed is a check for the following a	nount:		
<b>\Q</b> \$.	25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

## 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: FLMS Lake walls	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	524 Carnation Drive	
	winter Park, FL 32792	
<i>3</i> .	Nov 20, 201Z  Date of filing/registration in Florida  4.	2000146444 Document number
5. (a)	Cosporato Croations Natural In C Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	11380 Prosperity Farms & # 2216  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	· ·
	Palm Boach Gardens FL 33410	T
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	ARY OF SI
	524 Carnation Drive  NEW Registered Office Address:	I: 25 PATE DRIDA
		-
	Winter Point , FL 32792	
the chagent was/w the art	limited liability company is not organized under the laws of the State of Floange 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 ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability companies of a member or authorized representative of a member when the appointment as registered agent and agree to act in this capitions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 and the profession of the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 and the profession of the profession of the profession of the profession of my position as registered office address, I hereby confirm that	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany.  Printed or typed name of signee

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

Signature of Registered Agent