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## COVER LETTER

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TO: Registration Section Division of Corporations

Home Services LL NP SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Firm/Company Address City/State and Zip Code <u>3209</u>2 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Waldrop III ar (904) 451 2085 MAA 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 NM 8:

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Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee INHS18 (2/14)

□ \$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.

me of the limited liability company: <u>VIE HOWE SEWILES, LLC</u>	
109 Belvedere Pl Principal office address of limited liability company: (b) 830 AIA N. Suff Mailing address of limited liab	
Ponte Vedra Beach, FL 37082 ponte vedra Beach	-1 FL 3708
$\frac{1}{21} \frac{2012}{2000} \frac{212000140876}{2000140876}$	
John Waldrop (	
109 Belvelacre Pl, Pinte Vedra Black, FL 32662 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
, FL	919 1925 1926
JAN WAADY IIL Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	APR 22
<u>169</u> <u>Belvedore</u> <u>P</u> ] <u>NEW</u> Registered Office Address:	OF STATE DEPORATIONS AM 8: 20
101111 VIANA BLACH, PL, 32082	0 ous
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PONTE VEDAVA BEACH, FL 37082 YONE VEDAVA BEACH 11 21 2012 LI2000 146876 Date of filing/registration in Florida 4. Document number JUN WALAVE TO Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 109 BEIWEDERE PI, PINE VEDAVA BEAM, FL 37062 Registered Office Address ONUST BE FLORIDA STREET ADDRESSI . FL JUN WALAVE TIL Enter name of NEW Registered Agent and/or NEW Registered Office address: 169 BEIWEDERE PI

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

L. Waldrop, John. Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of mv duties, and I am familiar with and accept the obligations of mv position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

ture of Registered Agent

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