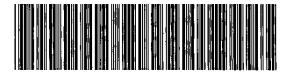
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	,¢
SUBJECT: Sourceworthy, L	LC
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Matthew Dur See Name of Person	
Name of Person	
Source worthy, UC Firm/Company	
Firm/Company	
1613 Bear Crossing Cir	***************************************
radios	
Apupka, FL 32703 City/State and Zip Code	
in to @ Sourceworthy, com E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Matthew Durfree	at (267) 399 -0593 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$\frac{1}{2}\$ \$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:	: <u>Source w</u> e	orthy	,LLC	-			
2. (a)	Principal office address of fimited l (Note: MUST BE STREET Apopka, FL 32703	iability company:	(b)		-	of limited liability BE POST OFFICE	compar	
3. 5. (a)	Date of filing/registration is Mathew Durfee Registered Agent and Registered Office sho		4.	LIQ.	Document no	504C _{amber}	, e	
(b)	Registered Office Address (MUST BE	Liv FLORIDA STREET A	DDRESS)				14 SEP -8 PH	START TABLE OF CORP
ζ-,	Enter name of NEW Registered Agent and IG13 Bear Crossing Control Registered Office Address:				_		4 2:	ORATIONS
	Apopka	, FL_	327	03	_			
the change of the agent was/w the art Signa I here provisithe object of mer	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a sere authorized by an affirmative vote icles of organization or the operating attree of a member or authorized representatively accept the appointment as registerious of all statutes relative to the profiligations of my position as registered by reflect a change in the registered d in writing of this change.	a street address of a Florida limited lia c of the members of agreement of the le of a member	the registe bility com f the limite limited lia	ered office apany, it is the desired office appearing the desired office a	e and the busis hereby confity company or mpany. Printed or type pacity. I further	ness office of irmed that the as otherwise as otherwise and name of signed	the reg change provide	istered e(s) ed in