L13000127459

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
(50	cament Namber)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Office Crown LLC	
SUBJECT: Office Group LLC	ne of Limited Liability Company
Nan	ne of Limited Liability Company
Dear Sir or Madam:	ice Change and fee(s) are submitted for filing.
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Marivic Villa	
Name of Person	
Office Group LLC	
Firm/Company	<u> </u>
1507 Buenos Aires Blvd, The Villages,	FL. 32159
Address	
City/State and Zip Code	
mvilladr@gmail.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Marivic Villa	352 561-6299
Name of Person	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 P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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.

I. Na	ame of the limited liability company: Office Group LL	-C		
2. (a)	1507 Buenos Aires Blvd, The Villages, FL.321:	(same	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1507 Buenos Aires Blvd, The Villages, FL. 32		same	· · · ·
	jan 5 2018			127459
3.	Date of filing/registration in Florida	4.		Document number
	Mervyn St Clare	••		
5. (a)	Registered Agent and Registered Office shown on the records of the	Floric	la Dept. of St	ate:
	1507 Buenos Aires Blvd, The Villages, FL.321		•	
	Registered Office Address (MUST BE FLORIDA STREET AD		S)	_
				7. S. 20
				2019 HAR -4
	, FL			AN AR
	Mali dolos 7	Po,	ω	S2 +
(b)	1000 (10/05)	<u> </u>	<u> </u>	— (1) 6. D
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	liice/ai	uuress:	AH 10: 51
	1507 Buenos Aires Blvd, The Villages, FL.321	59		
	NEW Registered Office Address:			<u> </u>
	same			
				_
	, FL			<u></u> .
If the L	imited liability company is not organized under the laws	of th	e State of F	Harida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of th	e reg	istered offi	ce and the business office of the registered
agent v was/we	vill be identical. Or, in the case of a Florida limited liabi se authorized by an affirmative zote of the members of t	ility c he lir	ompany, it nited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in
the arti	cles of organization or the operating dereement of the lir	nited	liability ec	ompany.
<u>X</u>	III. VILLERII	Ma	rivic Villa	
/	dre 6f a member or authorized representative of a member			Printed or typed name of signee
provisi the ohl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided for reflect a change in the registered office address, I have I in writing of this change.	to ac rrforn or in Eby c	et in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been
Siman	re of Registered Agent			

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