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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
Long & Partners, L	.LC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.					
Please return all correspondence concer	ming this matter to the following:					
Kevin A. Long						
Name of Person	n					
Firm/Company	·					
2021 N Atlantic Ave. #126						
Address						
Cocoa Beach, FL 32931						
City/State and Zip	Code					
chslong3@gmail.com						
E-mail address: (to be used for fut	ure annual report notification)					
For further information concerning this	matter, please call:					
Kevin Long	954 815-3831					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRE 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 fol	lowing amount:					
△ \$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. Na	me of the limited liability company: Long & Pa	rtners, L	LC	<u>, </u>	
2. (a)	1980 N Atlantic Ave. Suite 1018				Atlantic Ave #126
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cocoa Beach, FL 32931		_	Cocoa B	each, FL 32931
	10/16/2013			_1300014	45857
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	INCORP SERVICES, INC.				
J. (a)	Registered Agent and Registered Office shown on the records 17888 67TH COURT NORTH	of the Florid	da I	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREE LOXAHATCHEE, FL 33470	ET ADDRES	<u>(S)</u>		
		FL			
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddr	ess:	77
	Kevin Alan Long				
	NEW Registered Office Address:			-	
	2021 N Atlantic Ave #126				3 1 8:4
	Cocoa Beach	FL_32931	1		`. 6
he cha igent w was/we	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the control	of the reg l liability c s of the lir	iste on mit	ered office rpany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Wigen Long	Ab	oig	ail J. Lon	
=	ure of a member or authorized representative of a member				Printed or typed name of signce
I hereb provisio he obli to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I in writing of this change	igree to ac ete perforn ded for in I hereby c	et it nar Ch con	n this capa ace of my a apter 605, afirm that t	city. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered Agent