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C. CARROTHERS

## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJE	<del></del>	071 1. 171	17. 0
	Nan	ne of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and f	èe(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	ollowing:
Rebe	cca A. Thomas		
	Name of Person	,	_
Ms. T	homas Presents LLC		
<del></del>	Firm/Company		ages
109 S	. Main Ave.		
	Address		_
Minne	eola, Florida 34715		
	City/State and Zip Code		
thoma	asrbcc@gmail.com		
E	-mail address: (to be used for future and	ual report notific	eation)
For fur	ther information concerning this matter,	please call:	
Rebe	cca A. Thomas	352	617-5299
•	Name of Person	1	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:
	Registration Section	Regi	istration Section
	Division of Corporations		sion of Corporations
	Clifton Building		Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tall	ahassee, Florida 32314
	Enclosed is a check for the following	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.

(a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	pany:	(b)	109 S.	Mailing addr	., Minneola, FL 34715 ess of limited liability company: AY BE POST OFFICE BOX
		<del></del>	-			
	November 4, 2013		L	13000°	154696	
	Date of filing/registration in Florida	4		<del> · · ·</del>	Documen	t number
(a)	United States Corporation Agents, Inc	c.				
(a)	Registered Agent and Registered Office shown on the	records of the FI	orida D	ept. of St	ate:	س ر <del>است</del>
	109 S. Main Ave., Minneola, FL 347	15				产资 5
	Registered Office Address (MUST BE FLORIDA	STREET ADDI	(ESS)		<del></del>	FEB 23
		, FL				
	Rebecca A. Thomas					
<b>(b)</b>	Rebecca A. Thomas					
	Enter name of NEW Donletoned Ament and/or NEW I	3				₩ 🐷
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW I</u>	Registered Offic	e addr	<u>ess</u> :		<b>&gt; 3</b>
		Registered Offic	e addr	ess:		₩ ₩
	NEW Registered Office Address:	Registered Offic	e addr	ess:	_	<b>₽</b>
		Registered Offic	e addr	ess:		<b>≯ &amp;</b>
	NEW Registered Office Address:	Registered Office		e\$\$:	_	<b>₽</b>
the l	NEW Registered Office Address: 109 S. Main Ave.  Minneola	, <sub>FL</sub> 347	15			
cha ent v	NEW Registered Office Address:  109 S. Main Ave.  Minneola  imited liability company is not organized undange or changes are made, the Florida street acwill be identical. Or, in the case of a Florida liability company is not organized undange or changes are made, the Florida street acwill be identical.	FL 347 er the laws of ddress of the limited liabilit	'15  'the S registery com	tate of Fered offinpany, it	ce and the b	hereby confirmed that after usiness office of the register onfirmed that the change(s)
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e chi ent vis/w e art Sigm here ovisi e obi mer	NEW Registered Office Address:  109 S. Main Ave.  Minneola  imited liability company is not organized undange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the micles of organization or the operating agreeme	FL 347 er the laws of idress of the limited liabilitembers of the limited limi	115 The Sregistery completed lia	tate of Fered offinpany, it ed liability concern A.	ce and the b is hereby co ity company ompany.  Thomas  Printed or t	hereby confirmed that after usiness office of the register onfirmed that the change(s) or as otherwise provided in typed name of signee

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