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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

SUBJECT: 16820 NE & Place Iblding the

## DOCUMENT NUMBER: 41.3000155068

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Freinh Gure Name of Contact Person

<u>Address</u> <u>FF. LGuduck IC FI 33301</u> City/State and Zip Code Firm/Company E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Name of Contact Person</u> at (<u>GUI</u>) (UU UUAI Area Code & Davtime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (04/13)

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.

2. (a)	<u>AOI) E IGS DIGS BIRE #1550 F. J.Gud</u> Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
3.		L 1 3000 15506 8 Document number
	Date of filing/registration in Florida 4. <u><math>HIe</math>, <math>ncr</math> <u><math>LGW</math></u> <u><math>GrWP</math> Registered Agent and Registered Office shown on the records of the Florida <u><math>200 EIGS OIGS BIrc \# 1530</math></u></u></u>	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	FIMMCUCUL / C J=
	, FL	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>	
	NEW Registered Office Address: 200 EIGS DICS BIVE # 1	<u></u>
	Ft Lyndydail FL 33	31)/
change igent w was/we	mited liability company is not organized under the laws of the S or changes are made, the Florida street address of the registered ill be identical. Or, in the case of a Florida limited liability con re authorized by an affirmative vote of the members of the limit cles of organization or the operating agreement of the limited liability	l office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in

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 my duties, and I am familiar with and accept the obligations of my 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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member