14000054438

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



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HAY 0 4 20". J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: 2/3 A | NC LLC Name of Limited Liability Company | |
| | Name of Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Regist | tered Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence conce | erning this matter to the following: | |
| KATHIEEN Name of Pers | OLANK_ | |
| Firm/Company | | |
| Firm/Company | | |
| 3324 M,1 | IWOOD WAY | |
| Address | | |
| ST_Avgu(T). City/State and Zip | ve FL 32086 p Code | |
| E-mail address: (to be used for fi | 5@ HcTMAIL - Com uture annual report notification) | |
| For further information concerning this matter, please call: | | |
| HATHIEEN CLA. Name of Person | at (90V) 3V3 - 2294 Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | 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.

| r tortuu. | |
|--|--|
| 1. Name of the limited liability company: 213 MC LL | LC |
| 2. (a) 3324 Millwood WAV (b) | Same |
| Principal office address of limited liability company: | Mailing address of limited liability company: |
| (<u>Note: MUST BE STREET ADDRESS</u>) | (Note: MAY BE POST OFFICE BOX) |
| ST. Augustine FL 32086 | |
| | |
| 4/7/2014 | / /11 0000 5/ 1/28 |
| 3. Date of filing/registration in Florida 4. | 2/4000056 y 38 Document number |
| | Execution number |
| 5. (a) United STATES CIRPORATION AgenT INC | SC |
| Registered Agent and Registered Office shown on the Yecords of the Florida Dept. o | it State: |
| | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | —————————————————————————————————————— |
| 13302 WINDING DAK CT. A. TAMPA FL 33612 | |
| TAMPA ,FL 33612 | SS & L |
| _ | |
| (b) KATHIEEN CLARK | |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | |
| 3334 11 3 11 | ŕ |
| NEW Registered Office Address: | |
| | |
| ST Augustine FORNIDA | |
| , FL 32086 | _ |
| | <u> </u> |
| If the limited liability company is not organized under the laws of the State of the change or changes are made, the Florida street address of the registered of | of Florida, it is hereby confirmed that after office and the business office of the registered |
| agent will be identical. Or, in the case of a Florida limited liability company | v, it is hereby confirmed that the change(s) |
| was/were authorized by an affirmative vote of the members of the limited lie the articles of organization or the operating agreement of the limited liability | v company |
| Fortage Const | KATHIPPL CLANK |
| Signature of a member or authorized representative of a member | KATHICEL CLARIK Printed or typed name of signee |
| I haraby accept the appointment as registered agent and agree to act in this | s canacity. I further agree to comply with the |
| provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address. I hereby confirm | r 605, F.S. Or, if this document is being filed |
| notified in writing of this charge. | тасте итива навишу сотрану паѕ веен |
| Kathen Clark | |
| Signature of Registered Agent | |

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