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(Business Entity Name)							
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COVER LETTER

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SUBJECT: Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHARLES SMITH Name of Person
HATIVE LLINGS LLC Firm/Company
518 Susan DR. Address
LAKELAND, FL. 33803. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEBB1 LARSON at (863) 602. 6288 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cf61 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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:	IVE WIN	221	LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LAKELAND, FL. 33803	(b) <u>51</u>	Mailing add	ress of limited lial NAY BE POST OF	FFICE BO	<u>)x</u>)
3. 5. (a)	Date of filing/registration in Florida DEBORAH.A. LARSON Registered Agent and Registered Office shown on the records of the	4.	-1400 Documen	00647		
	518 SUS FM DR. Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)				
(b)	LAKELAND ,FL CHARLES , B. SMIT Enter name of NEW Registered Agent and/or NEW Registered C				SECRETARY OF TALLAHASSEE,	FILED 14 SEP 17 AMII: 22
	NEW Registered Office Address:				STATE	II: 22
	, FL		_			
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered offi- bility company, it the limited liabil	ce and the back is hereby call ity compan	business office confirmed that	e of the re	egistered
Signal	boral. A. Jarson. ure of a member or authorized representative of a member	DEBOR	A, HAS	typed name of sig	0n.	
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agre- cons of all statutes relative to the proper and complete p ignificant of my position as registered agent as provided by reflect a change in the registered office didress, I he in writing of this change.	e to act in this ca	nacity I fu	erther agree to	comply	with the d accept ing filed been