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i	S25 Filing Fee	□ S	55 Filing Fee & Certified Copy				
	Enclosed is a check for the following amount:						
	Tallahassee, Florida 32301						
2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314				
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327						
			egistration Section				
STREET/COURIER ADDRESS:		MAILING ADDRESS:					
	Name of Person		Area Code & Daytime Telephone Number				
Jamil (G. Daoud, Esq.	813	229-2300				
For furth	her information concerning this matter,	please call:					
E-	mail address: (to be used for future ann	nual report noti	lication)				
emvan	ce1@comcast.net						
	City/State and Zip Code	-					
Tampa	a, FL 33602						
	Address						
100 N.	Tampa Street, Suite 2700						
	Firm/Company						
Foley	& Lardner LLP						
	Name of Person						
Jamil (G. Daoud, Esq.						
i icuse i	etan an correspondence concerning to	its matter to th	e following.				
	return all correspondence concerning th	_	-				
The enc	losed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing				
Dear Si	r or Madam:						
SUBJE	Name of Limited Liability Company						
	718 LOVE LANE, LLC						
TO:	Registration Section Division of Corporations						

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.

I. N	ame of the limited liability company: 718 LOVE L	ANE, LI	LC			
2. (a)						
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	`			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	516 William Street		ļ	516 Willi	iam Street	
	Key West, FL 33040		[Key Wes	Vest, FL 33040	
	04/22/2014		L	1400006	65667-	
3	Date of filing/registration in Florida	4,			Document number	
5. (a)						
	Registered Agent and Registered Office shown on the records of DAOUD, JAMIL G, ESQ.	the Florid	ia D	ept. of State	– e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				- √≟ : ——	
	100 North Tampa Street, Suite 2700				7 J	
	Tampa . FI	33602)		FILED	
	, , ,	- <u></u> -			- <u>မိန် မို့</u> ကြ	
(b)						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	F & L CORP.				05 05	
	NEW Registered Office Address:				-	
	One Independent Drive, Suite 1300					
	Jacksonville FI	32202			•	
agent v was/wc	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the the reginability equals	ste ste om nite lial	red office pany, it is d liability pility com	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signat	ure of a member or authorized representative of a member			Iamil G.	Printed or typed name of signee	
the obli to mere notifiea	ov accept the appointment as registered agent and agrowns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change is the registered office address, I writing of this change	ee to act perform d for in C hereby co	t in eane Che onf	this capa æ of my d iptér 605, irm that t)	icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been	