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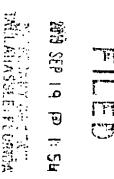
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COVER LETTER

TO: Registration Section Division of Corporations		
Partage LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Edwin James Randall		
Name of Person		
Partage LLC		
Firm/Company		
7607 Fawn Lake Dr S		
Address		
Jacksonville, FL 32256		
City/State and Zip Code		
eerandall13@gmail.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
James Randall	503 545-4069	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314	
Enclosed is a check for the following amo	ount:	
■ \$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

l. Na	nne of the limited liability company: Partage		
2. (a)	7607 Fawn Lake Dr S Jax FL 32256	(b) 76	7607 Fawn Lake Dr S Jax FL 32256
(14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/29/2014	 L14	14000069270
	Date of filing/registration in Florida	4.	Document number
. (a)	Lisa Anne Randall		
. (4)	Registered Agent and Registered Office shown on the records of	the Florida Der	ept. of State:
	7607 Fawn Lake Dr S		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	Jacksonville FL	_32256 	2
(b)	Edwin James Randall		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	7607 Fawn Lake Dr S		
	NEW Registered Office Address:		
	Jacksonville FL	32256	
he cha igent v vas/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the register ability comp of the limited limited liab	ered office and the business office of the registe ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
	Chy Kinlall	Edwin	n Randall
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provis. The obi To mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in Frang of this change	ree to act in performanced for in Cha hereby confi	t this capacity. I further agree to comply with to ce of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fu firm that the limited liability company has been
Signar	re of Registered Agent		