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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Honest Eco LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Billy Litmer					
Name of Person					
Honest Eco LLC					
Firm/Company	<del></del> _				
1075 Duval C21 #174					
Address	<del></del>				
Key West, FL 33040					
City/State and Zip Code					
billy@honesteco.org					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, please	e call:				
Billy Litmer	305 294-6306				
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 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.

1.	Name of the limited liability company: Honest Eco LI	LC			
2. (a	201 William St	(b) 1	(b) 1075 Duval C21 #174		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of limited liability company:		
	Key West, FL 33040	(Note: MAY BE POST OFFICE BOX)  Key West, FL 33040			
	06-03-2014	 L1	4000088580		
3.	Date of filing/registration in Florida	4.	Document number	F.C.	
5. (				すこ	
	Registered Agent and Registered Office shown on the records of the 17888 67th Court North	he Florida De	pt. of State:	NOV -	
	Registered Office Address (MUST BE FLORIDA STREET A		16 NOV 16 PM 5: OU		
	Loxahatchee	33470	<del></del>	5; O	
	279 Golf Club Drive  NEW Registered Office Address:				
	Key West	33040			
the cagen was/ the a	e limited liability company is not organized under the law change or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization of the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agreeisions of all statutes relative to the proper and complete is bligations of my position as registered agent as provided erely reflect a change in the registered office address, I have a limited in writing of this change.	the register ability comp f the limited liab	ed office and the business off cany, it is hereby confirmed the liability company or as other ility company.  Printed or typed name of	ice of the registered lat the change(s) rwise provided in	
	aure of Registered Agent		·	-	
	Division of Corporations P.O. B	lox 6327● "	Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (2/14)