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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Pagistration Castion				
TO: Registration Section				
Division of Corporations				
· ·				
SUBJECT: Indi Loves Harlie LLC				
SUBJECT: + No. Loves 1907 "C CLC				
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:				
The state of the s				
Daniel Borrer Name of Person				
Name of Person				
•				
Indi Loves Harlie				
Firm/Company				
509 A street				
Address				
-1 A				
St Augustine FC 37080				
St Augustine FC 32080 City/State and Zip Code				
City/state and Zip Code				
d-borrer@bellsouth.net				
E-mail address: (to be used for future annual report notification)				
dui-too. (is of asta to tallian topott hourion)				
For further information concerning this matter, please call:				
201 122 2101 mitormation concerning and matter, protect carr.				
Dan Borrer at (904) 547.1197				
Name of Person Area Code & Daytime Telephone Numb				
CTREET/COURSER ADDRESS NAME OF ADDRESS				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
··· ··································				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\square\$ \$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.

i	Nar	ne of the limited liability company: lndi Loves Hari	lie LLC
		GAG A chard	
2. ((a) _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		St Augustine FC 32080	
		Date of filing/registration in Florida 4.	
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	United States Corporation of Agents In	(·
•		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	
		13302 Winding Oak Court A	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		- · · · · · · · · · · · · · · · · · · ·	- The The specialists
		Tampa,	
		T 101 D and	
((b) -	Daniel Borrer	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	LOR
		509 A street	REFE S
		NEW Registered Office Address:	-
		TEM Registered Office Address.	
			-
		St. Augustine , FL 32080	
If ti	he lir	nited liability company is not organized under the laws of the State of Fl	laride it is hereby confirmed that after
the	char	age or changes are made, the Florida street address of the registered office	ce and the business office of the registered
age	nt w	ill be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liabili	is hereby confirmed that the change(s)
the	artic	les of organization or the operating agreement of the limited liability con	mpany.
		Milla Holling Kelly	, A. Holleran - Owner Incl. Loves
S	gnati	re of a member or authorized representative of a member	Printed or typed name of signee Harlie
I h		V accept the appointment as registered agent and agree to act in this car	pacity. I further agree to comply with the
the to n not	visio obli; nere ified	ons of all statities relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address, I hereby confirm that in writing of this change.	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been