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## **COVER LETTER**

TO:

INHS18 (2/14)

**Registration Section** 

**Division of Corporations** Law Office of Karen Winston, LLC **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: Karen Winston, Esq. Name of Person Law office of Karen Winston, LLC Firm/Company 4623 Park Street Address Jacksonville, FL 32205 City/State and Zip Code Karen@kwinstonlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Ernest 904 723-4570 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

## 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.

2. (a)	4623 Park Street	( <sub>b)</sub> 3908 He		Herschel Street
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville ,FL 32205		Jacksc	onville, FL 32205
		_		
	08/07/2014		L14000	123748
	Date of filing/registration in Florida	4.		Document number
(a)	Arthur H. Winston			
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:
	8167 159th Court North			
(b)	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>	For the second
	Palm Beach Gardens, FL	33418		- AHA
	Arthur H. Winston			SSEEL FLORE
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>lress</u> :	
	3434 Blanding Blvd. Apt# 218			RIDA 31
	NEW Registered Office Address:			'r g'
	Jacksonville , FL	32210		_
cha nt w	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confirmation of the limited l	stered offi impany, it ited liabil	ice and the business office of the registor is hereby confirmed that the change(s) lity company or as otherwise provided is company.
gnat	ture of a member or authorized representative of a member			Printed or typed name of signee
herel	by accept the appointment as registered agent and agr ons 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 if I if writing of this change.	ree to act perform d for in C hereby co	in this ca ance of m Chapter 6 onfirm the	apacity I further agree to comply wit

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00