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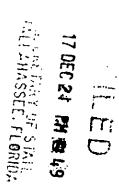
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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COVER LETTER

TO:	Registration Section Division of Corporations		930	
SUBJI	ECT: The Social House of Florida, LL	C		
			Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	e following:	
Shau	n Hawkins			
	Name of Person			
The S	Social House of Florida, LLC			
	Firm/Company			
197	l Fairway Loop			
	Address			
Kissi	mmee, FL 34746			
	City/State and Zip Code			
sha	un.hawkins@icloud.com			
	-mail address: (to be used for future ann		ification)	
For fur	ther information concerning this matter,	please call:		
Shau	ın Hawkins	at (770) 330-8490	
	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 Fce		\$55 Filing Fee & Certified Copy	
INHSE	8 (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.

2. (a)	722 Patrick Street Suite 201	(b)	1971 Fairw	ay Loop	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Kissimmee, FL 34741		Kissimmee, F	L 34746	
	08/29/2014		L14000	0135722	
3.	Date of filing/registration in Florida	4.	Do	eument number	
5. (a)	Shaun Hawkins				
` /	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State:		
	1971 Fairway Loop				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			200	
				1 20	
	Kissimmee , FL	34746		PEC 2	
(b)	Shaun Hawkins			TE DE STATE SEE. FLORIUM	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	<u>ess</u> :	SIA:	
	1971 Fairway Loop			8€£ €	
	NEW Registered Office Address:				
	Kissimmee FL	34746			
he cha igent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of the operating agreement of the law.	the registe bility com f the limite limited lia	red office an pany, it is he ed liability co bility compa	d the business office of the registered reby confirmed that the change(s) ompany or as otherwise provided in my.	
_//		S	Mun Hauh	nted or typed name of signee	
Signat	ure of a member or authorized representative of a member		Pri	nted or typed name of signee	
l herel provisi he obli	oy accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h	ee to act in performan I for in Ch	this capacit ce of my duti apter 605, F. firm that the	y. I further agree to comply with the es, and I am familiar with and accep S. Or, if this document is being filed limited liability company has been	