L14000159993

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cayo Company LLC	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fec(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
SHARON ESIEDESA	
Name of Person	
BETTERLEGAL INC	
Firm/Company	
5473 Blair Rd., Suite 100, PMB 35833	
Address	
Dallas, TX 75231	
City/State and Zip Code	
filings@betterlegal.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
SHARON ESIEDESA +1	512-969-2339
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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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.

Na	me of the limited liability company:	LC ———	
(a)	1830 N. UNIVERSITY DR.322		(b)
) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PLANTATION		PLANTATION
	FL 33322	_	FL 33322
	10/14/2014		L14000159993
	Date of filing/registration in Florida	4.	Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.		
(u)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Flor	orida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET JACKSONVILLE	4DDRE	<u>ESS)</u> ⊳
(b)	, FI	32202	
	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	••
	7901 4th St. N STE 300		5. 28 5. 28
	NEW Registered Office Address:		:*
	St. Petersburg , FI	33702	2
ige it v /wc	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the l	tered office and the business office of the registered company, it is hereby confirmed that the change(s limited liability company or as otherwise provided
	Matthew Swanson	S.	S. Matthew Swanson
gnal	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre, Authorized Representative
Signature of Registered Agent