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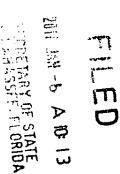
(Requestor's Name)					
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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Nicole Hospitality LLC		
50130201		e of Limited Liab	pility Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Offi	ce Change and fo	ee(s) are submitted for filing.
Please retu	rn all correspondence concerning thi	s matter to the fo	llowing:
Luke Liro	ot, Esq.		
	Name of Person		-
Law Offic	ces of Luke Lirot, P.A.		
	Firm/Company		-
2240 Be	lleair Road Suite 190		_
	Address		_
Clearwa	ter, FL 33764		
	City/State and Zip Code		_
luke2@li	irotlaw.com		
E-ma	ail address: (to be used for future ann	ual report notific	ration)
For further	r information concerning this matter,	please call:	
Luke Liro	ot	727 at (536-2100
	Name of Person		Area Code & Daytime Telephone Number
Re Di Cl 26	egistration Section ivision of Corporations ifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	nclosed is a check for the following	amount:	
ď	\$25 Filing Fee	□ \$55	5 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. 1	Name of the limited liability company: Nicole Hospit	tality LLC		
2. (a	Nicole Hospitality LLC	(h) Jac		
(.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3935 Grand Blvd.	194	7 S. Myrtle Ave	
	New Port Richey FL 33762	Mon	rovia, CA 91016	
	12/22/2014	L140	00194102	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Jacqueline Barnes			
J. (1	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:	
	18514 US Highway 19N			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Clearwater , FL	33764	70-70 Table 1	
(b	Luke Lirot, Esq.			
,	Enter name of NEW Registered Agent and/or NEW Registered	Office address		
	Law Offices of Luke Lirot P.A.		STATE STATE	
	NEW Registered Office Address:	1111111111	<u> </u>	
	2240 Belleair Rd. Suite 190		<i>;</i>	
	Clearwater, FL	33764		
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered of ability company of the limited lia limited liability	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in to company.	
- C:	Jacquelin (Barnes	Jacquelir	ne Barnes	
_	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the oi to me	why accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	ree to act in this performance of d for in Chapte hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is heing filed that the limited liability company has been	
Signa	lure of Registered Agent			