## 1500025210

| (Requestor's Name)                      |                    |             |  |
|---|--------------------|-------------|--|
| (Address)                               |                    |             |  |
| (Ac                                     | ldress)            |             |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL.       |  |
| (Bu                                     | usiness Entity Nar | ne)         |  |
| (Document Number)                       |                    |             |  |
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SECALLARY OF STATE
SECALLARY OF STATE
AND ASSEE, FLORID

S. WARREN NOV 1 3 2017

## COVER LETTER

TO:

Registration Section

| Division of Corporations                            |   |  |  |
|---|---|--|--|
| SUBJECT: FIRST LEGACY HOL                           | LDINGS, ŁLC                                 |  |  |
|   | 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 m  | natter to the following:                    |  |  |
| Mr. Shyamie Dixit, Esq.                             |   |  |  |
| Name of Person                                      |   |  |  |
| Dixit Law Firm                                      |   |  |  |
| - Firm/Company                                      |   |  |  |
| 3030 N Rocky Pt Dr W #260                           |   |  |  |
| Address   | <del></del>                                 |  |  |
| Tampa, FL 33607                                     |   |  |  |
| City/State and Zip Code                             |   |  |  |
| sdixit@dixitlaw.com                                 |   |  |  |
| E-mail address: (to be used for future annual       | report notification)                        |  |  |
| For further information concerning this matter, ple | ease call:                                  |  |  |
| Shyamie Dixit                                       | 813 252-3999                                |  |  |
| Name of Person                                      | Area Code & Daytime Telephone Numbe         |  |  |
| 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 an            | noupt:                                      |  |  |
| <b>2</b> \$25 Filing Fee                            | ☐ \$55 Filing Fee & Certified Copy          |  |  |
| INHS18 (2/14)                                       |   |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LYABILITY 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.                    | Name of the limited liability company:FIR  |  | CY HOLDINGS, LLC  |
|-----------------------|--|--|---|
| 2. (                  | , 5005 SAN MARINO CIRCLE   | (b)  | 5005 SAN MARINO CIRCLE  |
| (                     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (0)  | Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)   |
|                       | LAKE MARY, FL 32746  | ·····  | LAKE MARY, FL 32746   |
| 3.                    | 02/10/2015  Date of filing/registration in Florida   |  | L15000025210  Document number   |
| 5. (                  | WILLIS, DAVID C  |  |   |
|                       | Registered Agent and Registered Office shown on the records of LINCOLN PLAZE 300 SOUTH ORANGE AREGISTERED OFFICE Address (MUST BE FLORIDA STREET SUITE 1400 PO.BOX 1873  | AVENUE   | ·<br>   |
| •                     | ORLANDO  | L 32801  |   |
| . (I                  | DIXIT LAW FIRM, C/O SHYAMIE DIXIT  Enter name of NEW Registered Agent and/or NEW Register  3030 N ROCKY PT DR W SUITE 260  NEW Registered Office Address:  | ed Office add  | PH 1: 02 FEE. FLORIDA   |
|                       | TAMPA , F  | L_33607  |   |
| the c<br>agen<br>was/ | e limited liability company is not organized under the lange or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ricles of organization or the operating agreement of the | aws of the S<br>of the regist<br>liability cor<br>s of the limited lia | stered office and the business office of the registered<br>impany, it is hereby confirmed that the change(s)<br>ited liability company or as otherwise provided in  |
| Sig                   | nature of a member or authorized representative of a member  |  | Printed or typed name of signee   |
| prov<br>the a<br>to m | reby accept the appointment as registered agent and a<br>isions of all statutes relative to the proper and complet<br>bligations of my position as registered agent as provid<br>arely reflect a change in the registered office address,<br>the inwriting of this change.             | gree to act i<br>le performa<br>led for in Ci<br>I hereby coi          | in this capacity. I further agree to comply with the<br>ince of my duties, and I am familiar with and accept<br>chapter 605, F.S. Or, if this document is being filed<br>onfirm that the limited liability company has been |
|                       | Throw N.S. Dicid Je  |  |   |