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COVER LETTER

	COVER LETTER								
	gistration Section vision of Corporations								
SUBJECT	MONIKA PROPERTIES, LL	С							
SUBJECT	Name of Limited Liability Company								
Dear Sir or	Madam:								
The enclos	ed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.						
Please retu	rn all correspondence concerning th	is matter to the fo	llowing:						
J. Allisor	n Archbold								
	Name of Person		·						
Archbold	Law Firm, P.A.								
	Firm/Company	· · · · · ·							
2389 Rin	ngling Blvd., Ste. A								
	Address		-						
Sarasota	a, FL 34237								
	City/State and Zip Code		-						
JAA@Ar	chbold.law								
E-ma	il address: (to be used for future ann	ual report notifies	ation)						
For further	information concerning this matter.	please call:							
J Allison	Archbold	941 at (960-8825						
	Name of Person	_ '	Area Code & Daytime Telephone Number						
ST	REET/COURIER ADDRESS:	LING ADDRESS:							
Registration Section Regi			istration Section						
	vision of Corporations	sion of Corporations							
	ifton Building	Box 6327							
	61 Executive Center Circle	ahassee, Florida 32314							
Та	llahassee, Florida 32301								
En	iclosed 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.

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Monika H. Kucek, as Trustee Signature of a member or authorized representative of a member 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 to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed	Name of the limited liability company: MONIKA PROPERTIES, LLC								
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) North Port, FL 34287 N	2.	(a)	11952 Cortez Lane			(b) 11952 Cortez Lane			
North Port, FL 34287 North Port, FL 34287 North Port, FL 34287 Document number L1500003002 3. Date of filing/registration in Florida 4. Document number Archbold, Allison J. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1515 Ringling Blvd., 10th floor Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Sarasota FL 34236 (b) Archbold, J. Allison Enter name of NEW Registered Agent and/or NEW Registered Office address: 2389 Ringling Blvd., Ste. A NEW Registered Office Address: Sarasota FL 34237 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Monika H. Kucek, as Trustee Printed or typed name of signee			Principal office address of limited lin	ibility company: DDRESS)	_ ((" — <u> </u>	· · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
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Division of Corporationso P.O. Box 63270 Taliahassee, FL 32314 FILING FEE: \$25.00