## 115000035158

Office Use Only



300314475403



06/11/18--0107- -U04 \*\*\*S...T

J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: CLOAT No	ame of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
Harold H. Smyth						
Ocean Binney L Firm/Company	<u>LC.</u>					
601 Seaway Dr. Address						
Ft. Pierce, FC 349 City/State and Zip Code	49					
Smyth build D gmail. Co E-mail address: (to be used for future as	nnual report notification)					
For further information concerning this matter, please call:						
Harold H. Smyth Name of Person	at (772 ) 201-8230 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 Fee	☐ \$55 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.

I. Na	ame of the limited liability company:	Binney	ЦС	
2. (a)	1611 Surfside Dr.	(b)  6	11 Surfsic	le Dr.
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	,	Mailing address of limi	, , ,
	Ft. Dierce, FL 34949	=1		
	Pt. 0,00, FC 34949	<u></u>	Pierce, FL	54.74.7
	02/25/2015	<u> </u>	50000351	58
3.	Date of filing/registration in Florida	4.	Document number	г
5. (a)	Harold H. Smyth		_	
	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Sta	ite:	
	1611 Surfside Dr.		_	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)		
			_	201 [A]
	For Pierce .FL	34949		٠ ا
	11			The state of the s
(b)	Harold H. Smyth		_	- I
	Enter name of NEW Registered Agent and/br NEW Registered	Office address:		
	601 Seaway Dr.			<b>9</b> (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	NEW Registered Office Address:		_	
			November 1	
	Fort Pierce , FL	34949	<del></del>	
If the 1	imited liability company is not organized under the law	ws of the State of F	lorida, it is hereby c	onfirmed that after
the cha	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	the registered office ability company it	ce and the business of	office of the registered
was/we	ere authorized by an affirmative vote of the members of	of the limited liabili	ity company or as of	herwise provided in
ine arti	icles of organization or the sperating agreement of the			41
Signa	tup of a member of authorized representative of a member	Mai	rold H. S.	of signee
Lhava	by goodst the Assistment or positioned as and and	4 : 41.:	:a. 1.6al	
provisi the obl	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided	performance of my d for in Chapter 60	oduties, and I am fa 15, F.Ş. Or, if this d	miliar with and accept ocument is being filed
to mere notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the residence office address, I have the proper of this change.	nereby confirm that	t the limited liability	company has been
	thatel A. The			
Signata	re of Registered Agent			