04/14/17 01:14PM PDT Registered Agent Solutions, inc. \rightarrow Florida SOS 06176383 Pg 1/3

4/14/2017

Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor	enorations
		: (850)617-6383
From:		
	Account Name	: REGISTERED AGENT SOLUTIONS INC
	Account Number	; I20100000062
		: (888)705-7274
		: (888)706-7274
**Enter	the email addres	s for this business entity to be used for future
ant	nual report ma i li	ngs. Enter only one email address please.**
Gm.	ail Address:	

LLC REGISTERED AGENT CHANGE CHEYENNE BOYS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER				
CO: Registration Section Division of Corporations				
CHEYENNE BOYS	S, LLC			
Name o	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 r				
Margaret Mullin				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company				
1701 Directors Blvd, Suite 300				
Address				
Austin, TX 78744				
City/State and Zip Code				
notices@rasi.com				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matter, p	please call:			
Margaret Mullin	888 705-7274			
Name of Person	Area Code & Daytime Telephone Numbe			
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 Tallahassec, Florida 32314			
Enclosed is a check for the following				
☑ \$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.

. Name of the limited liability company: CHEYENN	NE BOYS, LLC	
. Name of the limited naturny company.	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3182 EAST 1610 SOUTH SPANISH FORK, UT 84660	3182 EAST 161 "SPANISH FORI	0 SOUTH K, UT 84660
03/30/2015	L150000553	379
3. Date of filing/registration in Florida		ent number
		17
5. (a) Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
INCORP SERVICES, INC.		<i>:</i> .
Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	•
17888 67TH COURT NORTH		
LOXAHATCHEE, FL 33470		
(b) Enter name of NEW Registered Agent and/or NEW Registered		
Enter name of NEW Registered Agent and/or NEW Registers	ed Office address.	
Registered Agent Solutions, Inc.		
NEW Registered Office Address:	<u> </u>	
155 Office Plaza Dr., Suite A		
Tallahassee,	_{L_} 32301	
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of pleanization or the operating agreement of t	liability company, it is hereby s of the limited liability comp he limited liability company.	by confirmed that the change(s) cany or as otherwise provided in
	Margaret Mullin	d or typed name of signee
Signature of a member or nutbritzed representative of a member		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and completive obligations of my position as registered agent as provito merely reflect a change in the registered office address, notified in writing of this change.	agree to act in this capacity. ele performance of my duties ided for in Chapter 605, F.S. I hereby confirm that the lin	and I am familiar with and accept Or, if this document is being filed atted liability company has been
Justine Karnell		
Signature of Degistered Agent Assistant Secretary Division of Corporations P.C) Box 6327• Tallahassee, I	TL, 32314
Division of Corporations F.A. FILING	FEE: \$25.00	