L150000 63475

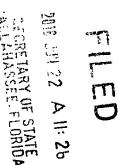
(F	Requestor's Name)				
(Address)					
(Address)					
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
	Mobile Homes Holdings LL	С				
SUBJI	ECT:	ne of Limited Liability Company				
	Ivai	ne of Entined Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the following:				
Barry	Gibson					
	Name of Person					
	Firm/Company					
138 S	Simonton St					
	Address					
Key V	Vest FL					
***	City/State and Zip Code					
Barry	@smithoropeza.com					
E	-mail address: (to be used for future and	nual report notification)				
For fu	ther information concerning this matter	, please call:				
Barry	Gibson	305 296-7101				
	Name of Person	Area Code & Daytime Telephone Number				
	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 32301	Tallahassee, Florida 32314				
	Enclosed 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.

1.	Na	ame of the limited liability company:	s Hold	ings, LLC	
2. (a	a)	5555 College Rd	(_{b)} 5555 C	ollege Rd
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Key West, FL 33040		Key We	st FL 33040
		4/10/2015		L150000	63475
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	Barton W Smith			_
		Registered Agent and Registered Office shown on the records of to Barton W Smith	he Florid	la Dept. of Stat	te:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 138 Simonton St			_
		Key West	33040)	(ma) (mi) (mi) (mi) (mi) (mi) (mi) (mi) (mi
(ł	o)	Pelagic Property Management, LLC			HANNE 2
•		Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		Pelagic Property Management, LLC			A II: 26 A II: 26 F. FLORIDA
		NEW Registered Office Address:			2b
		5555 College RD			
		Key West, FL_	33040	l	_
the cagen was/	ha t v we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ibility of f the lin limited	istered offic ompany, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.
			Ba	rry Gibso	Printed or typed name of signee
I he prov the o to m notif	rel isi bl. ere iec	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided liverelect a change in the registered office address, I have in the registered office address, I have it in writing of this change.	ee to ac perform I for in aereby c	et in this cap nance of my Chapter 602 confirm that	vacity. I further agree to comply with the

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00