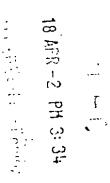
L15000147521

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-I	P
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructio	ns to Filing Officer:
1	
	Office Use Only



000311043750

04/02/18--01045--020 *+25.00



J. LEGGETT APR 0 3 2018

COVER LETTER

	Registration Section Division of Corporations						
emp ir	Karen Howard LLC						
SUBJE		Name of Limited Liability Company					
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this	s matter to the following:					
Karen ——	Howard						
	Name of Person						
Karen	Howard LLC						
	Firm/Company						
3497 F	Pine Haven Circle						
	Address						
Boca F	Raton, FL 33431						
	City/State and Zip Code						
karen@	⊋owpbrokers.com						
E-1	mail address: (to be used for future annu	al report notification)					
For furth	ner information concerning this matter, p	please call:					
Karen	Howard	312 399-4043					
.	Name of Person	Area Code & Daytime Telephone Number					
	STREET COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasses, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following a	amount:					
1	☑ \$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.

. Na	ame of the limited liability	company: Karen Howa	rd LLC				
2. (a)	3497 Pine Haven Cir	• •	_	(b)	3497 Pi	ne Haven Circle	, Boca Raton,
., (,	i -	s of limited liability company: SE STREET ADDRESS)		(0)		Mailing address of limit (Note: MAY BE PO	
	FL, 33431			-	FL 3343	1	
	08/13/2015					00/4752	/
s. (a)	Date of filing/re ANDREW S. WHITI	gistration in Florida NG	4.			Document number	
. (11)	Registered Agent and Register	ed Office shown on the records of	the Flori	da l	Dept. of State	- 2:	
	1 N. LaSalle Street,	Ste 1450, Chicago, IL 6	50602				
	Registered Office Address	(MUST BE FLORIDA STREET	ADDRES	<u>55)</u>		-	10
						_	75
	l l	. FI	:				;0
		, rı				-	2.
(b)	Karen Howard			_		_	P
	Enter name of <u>NEW Register</u>	ed Agent and/or NEW Registerer	d Office a	ddr	ess:		<u>မ</u> ွ
	3497 Pine Haven Ci	rcle					F
	NEW Registered Office Addr					-	
			<u>.</u>			-	
	Boca Raton	r,	_3343 ⁻	1			
he cha gent w vas/we	nge or charges are made, vill be identical. Or, in the re authorized by an affirm	s not organized under the la the Florida street address of e case of a Florida limited li- native vote of the members e operating agreement of the	ws of the factorial of the registry of the li	e S giste con mit	ered office pany, it is ed liability	e and the business of s hereby confirmed y company or as of	office of the registered that the change(s)
// X Signat	ure of a member or authorized	representative of a member			Fu	Printed or typed name	of signed
- Lheref	by accept the appointment	as registered agent and ag to the proper and complete registered agent as provide registered office address, I	ree to a e perform ed for in hereby	et ji nar Ck con	n this cape ace of my e apter 605 firm that	acity - I further aor	ee to comply with the

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