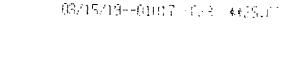
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(Req	uestor's Name)				
(Address)					
(Address)					
(City	/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	iness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only





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1.6:2019

COVER LETTER

	sistration Section dision of Corporations	,				
SUBJECT:	Change Registered Agent					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.			
Please retur	n all correspondence concerning thi	s matter to the fo	llowing:			
Louis Sch	nulz					
	Name of Person		-			
Louis Sch	oulz LLC					
	Firm/Company		-			
110 Tular	osa St. NW					
	Address		-			
Palm Bay	, Fl. 32907					
	City/State and Zip Code	-, -,	•			
Ischulzlic(@gmail.com					
E-mai	l address: (to be used for future annu	ial report notifica	ation)			
For further	information concerning this matter,	please call;				
Louis Sch	ulz	321	720-7778			
	Name of Person	_ '	Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fton Building 1 Executive Center Circle lahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
Enc	Enclosed is a check for the following amount:					
2	325 Filing Fee	3 \$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.

l. Na	ame of the limited liability company:	LLC		
2. (a)	1105 Tularosa St. NW , Palm Bay Fl. 32907	(b) 1105 Tularosa St. NW, Palm Bay Fl. 3290		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2/10/2019	_ 		73832
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CHEYENNE MOSELEY			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	- e:
				_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	13302 WINDING OAKS COURT SUITE A			_
	TAMPA .FL	33612		
(b)	LOUIS SCHULZ			-
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	-
	NEW Registered Office Address:			-
	1105 TULAROSA ST. NW			_
	PALM BAY, FL	32907		_
the cha agent v was/wo the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility cor f the limi	tered office mpany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in sipany.
provisi the obl to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	performa I för in C	nce of my a hapter 605,	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed

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

Signature of Registered Agent