## 115000206178

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             | <del></del> |
| (Cit                    | :y/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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SECRETARY OF STATE
SECRETARY OF STATE

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## COVER LETTER

| TO:     | Registration Section Division of Corporations  |                   | · ,  |
|---------|--|-------------------|--|
| SUBJI   | CARLA W. RICHARDS, LLC   |                   |  |
| SUBJI   |  | f Limited Li      | ability Company  |
| Dear S  | ir or Madam:   |                   |  |
| The en  | closed Registered Agent/Registered Office  | Change and        | fee(s) are submitted for filing.   |
| Please  | return all correspondence concerning this n  | natter to the     | following:   |
| CARL    | _A W. RICHARDS   |                   |  |
|         | Name of Person   |                   | _  |
| CARL    | A W. RICHARDS, LLC   |                   |  |
|         | Firm/Company   |                   | . <u> </u>   |
| 14260   | W NEWBERRY RD #373   |                   |  |
|         | Address  |                   |  |
| NEW     | BERRY, FL 32669-2765   |                   |  |
|         | City/State and Zip Code  |                   | _  |
| CARI    | A@CARLAWRICHARDS.COM   |                   |  |
| F       | -mail address: (to be used for future annual   | report notifi     | ication)   |
| For fur | ther information concerning this matter, ple   | ase call:         |  |
| CARL    | .A W. RICHARDS   | 352               | 745.0147   |
|         | Name of Person   | \                 | Area Code & Daytime Telephone Number   |
|         | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg<br>Div<br>P.C | AHLING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314 |
|         | Enclosed is a check for the following am   | io <b>unt:</b>    |  |
|         | S25 Filing Fee   | □ \$5             | 55 Filing Fee & Certified Copy   |

INH\$18 (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.

| / <b>\</b> | CARLA W. RICHARDS  |                             | (  | 、CARLA  | W. RICHARDS                              |
|------------|--|-----------------------------|--|---|--|
| (a)        | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  14260 W NEWBERRY RD #373 |                             | (b) Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) |   |  |
|            |  |                             |  | 14260 W NEWBERRY RD #373<br>NEWBERRY, FL 32669-2765 |  |
|            | NEWBERRY, FL 32669-2765  | RY, FL 32669-2765           |  |   |  |
|            | 12/10/2015   |                             |  | L150002   | 06178                                    |
|            | Date of filing/registration in Flor  | ida                         | 4,   |   | Document number                          |
| (a)        | CARLA W. RICHARDS  |                             |  |   |  |
|            | Registered Agent and Registered Office shown on  | the records of              | the Florid   | la Dept, of Sta                                     | te:                                      |
|            | 8919 NW COUNTY ROAD 235, A   | LACHUA,                     | FL 32  | 615   |  |
|            | Registered Office Address (MUST BE FLORIDA STREET AI   |                             |  |   | <del>-</del>                             |
|            | 8919 NW COUNTY ROAD 235  |                             |  |   |  |
|            | 8919 NW COUNTY ROAD 235  | IN STREET                   | <u>iddkes</u>  | <u>S)</u>   |  |
|            | 8919 NW COUNTY ROAD 235<br>ALACHUA   |                             | 32615  |   | - \$£                                    |
| (b)        | <del></del>  |                             |  |   | TO JUN<br>SECRETA<br>FALLAHAS            |
| (b)        | ALACHUA  | , FL                        | 32615  |   | JUN 10                                   |
| (b)        | ALACHUA  CARLA W. RICHARDS   | . FL<br><u>W Registered</u> | 32615  | ldress:   | JUN 10                                   |
| (b)        | ALACHUA  CARLA W. RICHARDS  Enter name of NEW Registered Agent and/or NE   | . FL<br><u>W Registered</u> | 32615  | ldress:   | JUN 10                                   |
| (b)        | ALACHUA  CARLA W. RICHARDS  Enter name of NEW Registered Agent and/or NE  14260 W NEWBERRY RD #373, I            | . FL<br><u>W Registered</u> | 32615  | ldress:   | JUN 10<br>JUN 10<br>JUN 1ARY<br>JUN 1885 |

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

CARLA W. RICHARDS Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent