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COVER LETTER

IJ,

TO: * Registration Section Division of Corporations

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FOLKESTONE HOLDINGS LLC

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SUBJECT: _____

Name 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 matter to the following:

WILLIAM HSU WU

Name of Person

FOLKESTONE HOLDINGS LLC

Firm/Company

9482 MADEWOOD CT

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

wwu0430@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM HSU WU	305 6065855
Name of Person	ai () 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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
☑ \$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.

۱.	Name of the limited liability company:						
~	9482 MADEWOOD CT						

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2. (a	9482 MADEWOOD CT	·····	(b		DEWOOI	TOCT		
2. (.	Principal office address of the (Note: MUST BE ST ROYAL PALM BEACH		τ-	N	lailing address (<u>Note: MAY</u> PALM BEA	<u>BE POST OF</u>		
	FL 33411			FL 33411		······································		
	12/12/2014			L1500021	2332			
3. 5. (Date of filing/registr		4. C		Document n	umber		
(Registered Agent and Registered O 9482 MADEWOOD CT	flice shown on the records of the	Florid	a Dept. of State				
	Registered Office Address (MU	<u>ST BE FLORIDA STREET AD</u> I	DRES	5)				
	ROYAL PALM BEACH	33	3411					
a		S INC				c_0^{n}	8	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				- A A A A A A A A A A A A A A A A A A A			
	3030 N. ROCKY POIN	3030 N. ROCKY POINT DR., STE 150A				ARY	ر میں میں	m
	NEW Registered Office Address:					FLOR	р ?	Ö
	ТАМРА	, FL	3607			TE	38	,
the c ager was the a	the limited liability company is no change or changes are made, the at will be identical. Or, in the ca /were authorized by an affirmati articles of organization or the op	Florida street address of th se of a Florida limited liabi ve vote of the members of t erating agreement of the lir	ie regi ility c the lir	stered office ompany, it is nited liability liability con	and the bus hereby con y company c	siness office firmed that	of the i the chai se prov	registered nge(s)
Si	greature of a member or authorized repre-	esentative of a member				ed name of sig		
1 2.	maker another the amount means the	manistry all amount and amon		a in this was	anim I find	har norea to	comm	with the

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

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

INHS18 (2/14)