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Office Use Only



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APR 15 2019 TECHROEDER

COVER LETTER

| TO: Registration Section Division of Corpora | | | | | |
|---|----------------------------------|---|--|--|--|
| SUBJECT:/ | 25 TNVFST Name of Lim | MENTS LLC ited Liability Company | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Ag | gent/Registered Office Chang | ge and fee(s) are submitted for filing. | | | |
| Please return all correspond | lence concerning this matter | to the following: | | | |
| Antoine Na | Multidov me of Person | | | | |
| 125 IWI | /FSTMENTS m/Company | | | | |
| 18042 SW | 89 TH CT | | | | |
| PALME T.7 City/Si | O BAY FL 32 rate and Zip Code | 3 <i>157</i> | | | |
| E-mail address: (to be | used for future annual repor | t notification) | | | |
| For further information con | cerning this matter, please ca | all: | | | |
| Antoine | | 786) 422 3829 Area Code & Daytime Telephone Number | | | |
| STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassec, Florida | n ations nter Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| 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.

| | 126 TA | 1:15 | CTIMEN | ITC 11/ | |
|---|--|--|---|---|--|
| 1. Name of | f the limited liability company: $125\overline{1}$ | IVE. | > / [VI]-/V | 113 LLC | |
| 2. (a) <u>/80</u> | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (b) | Mailing | SW 89 TH og g address of limited liabilit e: MAY BE POST OFFI | ty company: |
| <u>PA</u> | LMETTO BAY, FL 33157 | _ | PALMET | TO BAY, FO | 33/57 |
| | 01/28/2016 Date of filing/registration in Florida | | r | 00/9659 | |
| 3. | Date of filling/registration in Florida | 4. | Docu | iment number | |
| Regis | N/TED STATES CORPORATION stered Agent and Registered Office shown on the records of the | ne Florida RT | Dept. of State: | | |
| Regis | stered Office Address (MUST BE FLORIDA STREET A) | <u>DDRESS)</u> | | Po - | |
| | <u> </u> | | | 19 A | |
| | TAMPA ,FL | 33 <i>6</i> | 12 | APR - | <u> </u> |
| | Antoine Multider | | · <u>·····</u> | -5 AM 9182 ARY OF STATE SSEE, FLORIDA | m _ |
| Enter | name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office add | r <u>ess</u> : | STA: LOR | D |
| , | 18042 SW 89 TH CT | | | RIE A | |
| | V Registered Office Address: | | _ | 9 | |
| | | | | | |
| | | | | | |
| _£ | PALMĖTTO BAY, FL | 33/5 | 57 | | |
| If the limited | I liability company is not organized under the laws | s of the S | State of Florida | it is hereby confirme | d that after |
| the change o | or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab | he regist | ered office and | the business office of | the registered |
| was/were au | thorized by an affirmative vote of the members of | the limi | ted liability com | pany or as otherwise | |
| the articles of | of organization or the operating agreement of the li | imited li | | | |
| Signature of | a member or authorized representative of a member | | <i>Hyr TOLV1C</i> Printe | ed or typed name of signed | : |
| provisions of the obligation to merely ref notified in w | cept the appointment as registered agent and agre fall statutes relative to the proper and complete p ons of my position as registered agent as provided flect a change in the registered office address, I he criting of this change. | e to act performa for in C ereby co | in this capacity. nce of my duties hapter 605, F.S. nfirm that the lin | I further agree to co , and I am familiar w Or, if this document mited liability compa | omply with the with and accept t is being filed ny has been |
| Signature of R | egistered Agent | | | | |

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