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S MASON

COVER LETTER

SUBJECT: Huse of Distinction, LLC 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: Lula Fazier Name of Person House of Distinction, LLC Firm/Company Address
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lula Frazier Name of Person House of Distriction, Luc Firm/Company
Please return all correspondence concerning this matter to the following: Lula Frazier Name of Person House of Distinction, LLC Firm/Company 711 Gass Ave
Lula Frazier Name of Person House of Distinction, LLC Firm/Company 711 Gass Ave
Name of Person House of Distinction, LLC Firm/Company 711 Gass Ave
111 Gass Ave
Leesberg, H. 34748 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lula Frazier at (353) 4100-3539 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 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 \$\sum \\$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.

1. N	ame of the limited liability company: 4 Juse	07	Distro	ction, LA	LC.	
2. (a)				,		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ()	М	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	711 GOSS AVE		933	5 NE TH	2 Pl	276
	Leesburg, F1. 34785		w.70	Liebod,	<u>F-/.</u>	34-185
			1.41	, DD 00 20	019	20
3.	Date of filing/registration in Florida	4.		Document number		<u> </u>
5. (a)	, , , , , , , , , , , , , , , , , , , ,					
	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS				
	9355 NE 746 ADYL	<u></u>				
		2117	Or .			
	wildwood, FL	09/	82		2016	
(b)	_ Lula Frazier) FEB	
` *	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	ASSET ASSET	2	i i
	Lula Frazier			MA MA	ω A	
	NEW Registered Office Address:			LORID	۾.	
	9355 NE 9th Path			E H	9	
	wildward, FL	347	85			
	imited liability company is not organized under the law					
agent v	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	bility cor f the limit	npany, it is ted liability	hereby confirmed company or as of	d that t	he change(s)
Sigha	Sula Gazan fure of a member or authorized representative of a member		L	I/Q Fraz Printed or typed nam	ie of sign	nee
I here provisi the obl to mer	by accept the appointment as registered agent and agree in sof all statutes relative to the proper and complete placed in the proper and complete placed in the registered agent as provided ely reflect a change in the registered office address, I have a change in the change.	ee to act i performa I for in Ci ereby con	n this capa	city I further ag	ree to	comply with the
Signani	re of Registered Agent					