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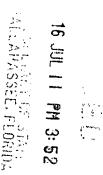
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COVER LETTER

Division of Corporations		
SUBJECT: Heilig Chrismon Name of Limite	d 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:	
Alexis Hiliah Name of Person		
Heilig Chrismale L.L.C. DR	DA Blue Tinsel	
3400 NW 13th St. Address		
Lauderhill, FL 337 City/State and Zip Code	<u> </u>	
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, please call:		
Alexis Hiligh a Will William Name of Person	NS H) 268-4204 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	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section

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.	Na	ame of the limited liability company: Heilig Chrismale La.C.
2.	(a)	(b)
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		8910 NW 78th Ct. #325 8910 NW 78th Ct. #325
		Tamarac, FL 35521 Tamarac, FL 33321
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address. (MUST BE PLORIDA STREET ADDRESS)
		8910 NW 78th Ct. #325
		Tamorac FL 33321
	(b)	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address: E Maily and Ress 1
		NEW Registered Office Address: E Mailing address
		5400 NW 15th St.
		Lauderhill, FL 33311
the age wa	cha ent w s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
7	<i>?</i>	Ill, Zi)Ollamo III II)IIII IIIIII TIT
S	ignat	ure of a member or authorized representative of a member Printed or typed name of signee
pro the to i	visio obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in the change.
Sig	natur	c of Registered Agent