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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Olbert Enterprises, LLC				
Name of Lim	ited 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:				
Michelle Campbell-Olbert Name of Person	<del>-</del>			
Firm/Company	<del></del>			
393 Nelson Ave.	<del></del>			
Longwood, Ft 32750 City/State and Zip Code				
Olbertenterprises Samail.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michelle Campbell-Olbert at ( ) 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	□ \$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.

1.	Na	me of the limited liability company: Olbert	- Enterprises, LLC
2. (	(a)	323 Neison Aue	(b) 323 Nelson Ave.
<del>-</del> . ,	<b>,</b> .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Long wood, Fr 32750	Long wood, FZ 32750
		Feb 19, 2016	L16 ØØØØ 35563
3.		Date of filing/registration in Florida	4. Document number
5.	(a)	Legaline. Corporate Service. Registered Agent and Registered Office shown on the records of the	
		5237 Summerlin Commons	5
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRÈSS)
		Suite 400	701 PA
		F+ Meyers , FL	TALLAHASSEE, FLORID
		Michael Carlotte	35 b
(	<b>b</b> )	Michelle Campbell - Olbert Enter name of NEW Registered Agent and/or NEW Registered C	Office address:
		Zano hano of <u>staget supported a special</u> and of <u>staget supported a</u>	FLSI
		323 Nelson Ave	ORIE 26
		NEW Registered Office Address:	
		1 000,000	32750
		Long wood FL	<u>, 54.136</u>
If th	e li	mited liability company is not organized under the laws	ws of the State of Florida, it is hereby confirmed that after
age	nt w	ill be identical. Or, in the case of a Florida limited liab	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s)
		re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	of the limited liability company or as otherwise provided in
		11 -	
Si	gnat	ure of a member of authorized representative of a member	Michelle cumphell-Olbert Printed or typed name of signee
pro the to n	visi obli iere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Sign	natur	e of Registered Agent	