## L 16 0000 78997

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECREPARY OF STATE
TALL AHASSEE, FLORIDS

SEP 20 2016 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LAT 407 Studio 11C  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:		
Lizka L Lyveh Name of Person		
Firm/Company		
255 Windsor		
Kissimmee FL 34746 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
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 \$\square\$ \$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.

1 101 144.	
1. Nam	of the limited liability company:
2. (a) _	255 Windsor (b)
` _	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
_	Missimmee LL 3474 491 W. Vive ST
	Kissimmer Ff 3474
, 	2.24.2016 160000 38997
3.	Date of filing/registration in Florida 4. Document number
5. (a) _	liska & louch
Ro	gistered Agent and Registered Office shown on the records of the Florida Dept. of State:
_	255 Windsor
R	egistered Office Address (MUST BE FLORIDA STREET ADDRESS)
·· _	75 16
	Nissimma , FL 34746 = = = = = = = = = = = = = = = = = = =
(b) _	CILA C CANTONO TO THE
Er	ter name of NEW Registered Agent and/or NEW Registered Office address:
- N	EW Registered Office Address:
_	1732 Southern Oak Loop
_	Minneola", FL 34715
If the lim	ted liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the chang	or changes are made, the Florida street address of the registered office and the business office of the registered be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were	authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the article	s of organization of the operating agreement of the limited liability company.
Signature	of a member or approximative of a member  Printed or typed name of signee
I hereby provision the obliga to merely	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified ii 	writing of this change.
Signature of	f Registered Agent

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