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## COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: BOYCE HOLDINGS III, 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:								
SANDRA K. BOYCE.  Name of Person								
BOYCE HOLDINGS 111, LL Firm/Company	C							
LOLO RECHATTA WAY								
City/State and Zip Code								
Son CE Opignodistributors COM E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Shubra K. Blouce, at (	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:								
S25 Filing Fee	S55 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,	Na	ame of the limited liability company: _	BOYCE	1-101	40144	5 111	LLC		
2.	(a)	SONDRA K, BOYCE Principal office address of limited liabi	lity company	_ ({	5) <u>59</u>	ORA K.	Ba	CE	
		(Note: MUST BE STREET AD				(Note: MAY BE		•	
		LOLO PEGATTA WAY	4	_	leleo	REGIAM	77 U	ر م	<b>-</b>
		BRADELITON, EL 3	34208	_	BRAD	ENTON	,FL	34	2008
,		2/210/2016			Lllo	Ø\$@417	233		
3.		Date of filing/registration in F	Torida	4,	1	Document numl	ber		
5.	(a)	Registered Agent and Registered Office shown	on the records of th	e Florida	a Dept. of State:				
		Leleo REGIATTA U	PAU		,				
		Registered Office Address (MUST BE FLO	RIDA STREET AL	ODRESS	n T				
				_			SE	15	
		BRADENTON,	, FL_		42128		CRET	APR	<u>T</u>
	(b)	SAMORA K.B	CUCE				ARY SSE	23	
		Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered O	ffice ad	dress;			PH	1
		Leleo PECIATTA L	Nall				S TAT	<del>-:</del> 2	U
		NEW Registered Office Address:		•			E A	•	
		BRADEUTOU	, FL	34	12158				
[f]t]	he li	imited liability company is not organize	d under the laws	of the	State of Flor	ida, it is hereby	confirm	ed that	after
the age	cha nt w	inge or changes are made, the Florida sti vill be identical. Or, in the case of a Flo	reet address of th orida limited liab	ie regis ility co	stered office a	and the business	s office o	of the re	gistered ve(s)
wa:	s/we	ere authorized by an affirmative vote of cles of ofganization or life operating agr	the members of	the lim	ited liability	company or as	otherwis	e provid	ded in
		Senono C	Doul	5	ANDR	B K B	are	≥	
1 h	المداود	ture of a member or authorized representative of by accept the appointment as registered	agant and annu	to act	in this was	rinted or typed na-			aids de s
pro the to r	visio obli ngre	ons of all statutes relative to the proper igations of my position as registered ag ty reflect a dhonge in the registered off	and complete pe ent as provided j ice affaress, I he	erforma erforma for in C reby ca	ance of my di Thapter 605, Infirm that th	as, a jurner a ties, and I am ) F.S. Or, if this e limited liabili	gree to c lamiliar documer ity compo	ongny v with am it is bei inv has	with the d accept ng filed been

Division of Corporations