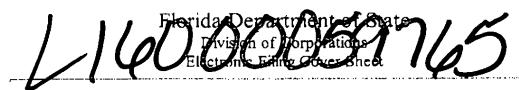
11/2/2018



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(((H18000317361 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6393

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 Phone : (702) 866-2500 Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE ESTEP AND HESSBURG LLC.

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COVER LETTER

10;	Division of Corporations		
SUBJ	FCT.	Estep and Hess	burg LLC.
3010		ame of Limited Lie	ability Company
Dear S	Sir or Madam:		
The ex	nclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the f	ollowing:
	Jennifer Sharp		
	Name of Person		· <u>·</u>
	InCorp Services, Inc.		
	Firm/Corr.pany		_
	3773 Howard Hughes Pkwy. · S	uite 500S	_
	Address		
_	Les Vegas, NV 89169-60	14	
	City/State and Zip Code	-	
	documents@incorp.con		_
	E-mail address: (to be used for future at	anual report notifi	cation)
For fu	rther information concerning this matte	r, please call:	
lennife	r Sharp on behalf of InCorp Services,	, Inc. at (800	246-2677
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, Florida 32301	Rog Div P.O	JLING ADDRESS: pistration Section ision of Corporations . Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following	ig #mount:	
	☑ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy
INHSI	8 (2/14)		

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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.

)		 ,	(b)_			
ŧ	rincipal office address of tinuted liability company (Note: MUST RR STREET ADDRESS)	y:			Mailing address n	of limited liability company:
540 S	. Hwy 27 Sulte A		5	540 S.	Hwy 27 Suite A	4
Minne	ola, FL 34715		<u> </u>	dinneo	ola, FL 34715	
03/21/	2016		L1	60000	059765	
	Date of filing/registration in Florida	4.	. –		Document nu	mber
, ESTER	P, DUSTIN					
Registere	d Agent and Registered Office shown on the rectire	ds of the Flo	orida De	թւ օւ Տե	ile:	
	Caplock St					ું. છે
Registere	d Office Address (MUST BE FLORIDA STRE	ETADOR	(ESS)			NOV 1
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	511t	, FL	347	1 1	_	全切
InCom	Services, Inc.					
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