## L16000095458

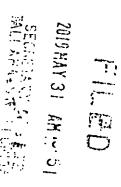
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## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SHRI	HOPKINS CORNELL & AS	SSOCIATES L	LC
30130		me of Limited L.	iability Company
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.
Please	e return all correspondence concerning t	his matter to the	following:
THA	AI CHRISTIE		
	Name of Person		
HOF	PKINS CORNELL & ASSOCIATES	S LLC	
	Firm/Company		
534	2 CLARK ROAD #3077		
	Address		
SAF	RASOTA, FL 34233		
	City/State and Zip Code		<del>_</del>
TCH	łRISTIE@GMAIL.COM		
]	E-mail address: (to be used for future an	nual report notif	ication)
For fu	rther information concerning this matter	r, please call:	
THA	I CHRISTIE	941 at (	677-8881
	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	Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee. Florida 32314
	Enclosed is a check for the followin	g amount:	
	☑ \$25 Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy

## STÄTEMENT 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.

	Principal office address of limited liability company:	(b	)	niling address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	5342 CLARK ROAD #3077		5342 CL/	ARK ROAD #3077
	SARASOTA, FL 34233		SARASC	OTA, FL 34233
	MAY 16, 2016		L1600009	5458
	Date of filing/registration in Florida	4.	I.	Document number
(a)				
	Registered Agent and Registered Office shown on the records of THAL CHRISTIE	the Florida	Dept. of State:	SECULAR TO SECURAR TO SECULAR TO SECURAR TO SECULAR TO
	Registered Office Address (MUST BE FLORIDA STREET 21052 EDGEWATER DR.	ADDRESS	7	73 P
	PORT CHARLOTTE F	33952		SECTION OF STREET
h)				77
u,				
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad-	<u>lress</u> :	
υ,	Enter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:  5342 CLARK ROAD #3077	d Office add	dress:	
υ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:	34233	dress:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent