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(Requestor's Name)					
(Address)					
(Address)					
(Cit. (Chair Gir ID)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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12/11/17--01026--019 **25.00



COVER LETTER

TO: Registration Section Division of Corporations						
iEnjoy Home, LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the f	following:				
Kevin Brick, Esquire						
Name of Person		_				
Brick Business Law, P.A.						
Firm/Company						
100 S. Ashley Drive, Suite 620						
Address		_				
Tampa, FL 33602						
City/State and Zip Code		_				
wendy@ienjoyhome.com						
E-mail address: (to be used for future annu	ial report notifi	cation)				
For further information concerning this matter.	please call:					
Kevin Brick	813	816-1816				
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	□ \$5	5 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	ame of the limited liability company: iEnjoy Home	e, LLC				
2. (a)	545 S. Hercules Ave	(b	(b) 545 S. Hercules Ave			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 01		
	Suite 301		Suite 3			
	Clearwater, FL 33764		Clearwater, FL 33764			
	6/02/2016		L160001	107603		
3.	Date of filing/registration in Florida	4.		Document n	umber	
5. (a)	Wendy Noll					
J. (u)	Registered Agent and Registered Office shown on the records o	Othe Florida	Dept, of Sta	ate:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	. 2 6	
	545 S. Hercules Ave., Suite 301		·		17 0	
	Clearwater, F	133764		_	O DEC	
(b)	Brick Business Law P A				12 AM	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	AM 7: II.	
	•					
.,	NEW Registered Office Address:			_	, r	
•••	100 S. Ashley Drive, Suite 620					
	Tampa FI	L_33602				
the cha agent v was/we the art Signal I here provise the object	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and actions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If the writing of this change.	f the regis iability co of the lim a limited l	tered offic mpany, it ited liabili iability co	ce and the busi is hereby contity company or ompany. 3. Brick Printed or type	iness office of the registered irmed that the change(s) r as otherwise provided in ed name of signee	