## 11600127315

(Re	questor's Name)				
(Add	dress)	<u>.</u>			
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Y SULKER

## **COVER LETTER**

TO: Registration Section

Divis	sion of Corporations						
SUBJECT:	FILAM 4 UNITED, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	l Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the fo	llowing:				
JOEL A. W	VHITE						
	Name of Person		-				
FILAM 4 U	INITED, LLC						
	Firm/Company		-				
909 S. CH.	ARLES R. BEALL BLVD., SI	JITE A					
	Address		-				
DEBARY,	FL 32713						
	City/State and Zip Code		-				
gigi4500@	yahoo.com						
E-mail	address: (to be used for future ann	ual report notifica	ation)				
For further in	nformation concerning this matter,	please call:					
GIGI GEN	TRY	859	396-8163				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divis Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Encl	osed is a check for the following	amount:					
<b>☑</b> \$2	25 Filing Fee	□ \$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. Na	me of the limited liability company:	FILAM 4 UNITE	ED, L	LC.	(new p	orincipal of	fice & mai	iling ac	ldress)
2. (a)	JOEL A. WHITE		(1	<sub>b)</sub> J	OEL A.	WHITE			
()	Principal office address of limited liab (Note: MUST BE STREET AL		. `	- / _	N	Mailing address (Note: MAY)			
	201 N. MAPLE AVE.			9	09 S. C	HARLES F	RBEALL	BLVD.	STE A
	SANFORD, FL 32771			D	EBAR	/, FL 3271	3		
	07/05/2016			L1	600012	27315			
3.	Date of filing/registration in	Florida	4.			Document n	umber		
5. (a)	JOEL A. WHITE								
	Registered Agent and Registered Office show 201 N. MAPLE AVE.  Registered Office Address (MUST BE FL	on on the records of the			pt. of State				
	SANFORD	, FL_3	2771						
(b)	JOEL A. WHITE	NEW P. Jan. 10					•		
	Enter name of <u>NEW Registered Agent</u> and/o	r <u>NEW Registered O</u>	mce ac	aure	<u>ss</u> :				
	909 S. CHARLES RICHARD E	BEALL BLVD.						122	
	NEW Registered Office Address:					•	,	5.7	16/
	SUITE A						ز ر	C. C.	<b>Ş</b>
	DEBARY	F. 3	2713	3		•	SEE. F	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
the cha agent v	imited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote coles of organization or the operating a	zed under the laws street address of the Florida limited liab of the members of	of the ne reg ility c the lir mited	e Strister comp mite	red office pany, it is d liability pility con	e and the bus s hereby conf y company of npany.	iness office	the char	egistered ige(s)
Ciana	The of a member or authorized representative	of a member	<u>JO</u>	)EL	A. WH	Printed or type	ed name of sig	nee	
I herei provisi the obl to mere	by accept the appointment as registere ons of all statutes relative to the prop- igations of my position as registered of ely reflect a change in the registered of d in writing of this change.	ed agent and agree er and complete pe	erjorn for in	nanc Cha	ce oj my i inter 605	acity. I furth duties, and I i FS Or if	er agree to am familian this docum	comply r with a ent is be	na uccepi zine filed
Signatu	re of Registered Agent								
	Division of Corpo	orations• P.O. Bo	x 632	27●	Tallahas	ssee, FL 323	14		

FILING FEE: \$25.00