## 116000144761

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(Address)			
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(City/State/Zip/Phone #)			
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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 4270 Church Street 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:				
ans mater to the following:				
Jeffrey A Ashton Jr. Name of Person				
4220 Church Street, LLC Firm/Company				
2001 Alaqua Lakes Blud. Address				
Lonswood FL 32779 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Teff Ashton at (407) 416 9402  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:				
S25 Filing Fee   S55 Filing Fee & Certified Conv.  □ \$55 Filing Fee & Certified Conv.				

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.

	ame of the limited liability company: 4270 Church	Sivee i LCC
2. (a)		1 A 1 agus Lakes Blu failing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	Longwood, FL 32779 Lon	gwood, - FL 32779
	8/2/16	6000144761
3.	Date of filing/registration in Plorida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
		:
	3353 Ockmont Terrice	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Longwood ,FL 32779	ROLL 7
(b)		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	$\frac{102}{900}$ $=$ .
	(sime)	
	NEW Registered Office Address:	7:3 7:3
	2001 Alaque Lakes Blud	第25 <b>の</b> 第27 <b>の</b>
		2.
	Longwood, FL 32T79	
the cha agent v was/wo the arti	imited liability company is not organized under the laws of the State of Floinge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative you of the members of the limited liability cles of organization or the operating agreement of the limited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ture of a member or authorized representative of a member	Printed or typed name of signee
l herei provisi the obl to mere notifice	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address. I hereby confirm that the first of this change.	