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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations						
Olive and Eve, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	er to the following:					
Maxwell Scott	-					
Name of Person						
Olive and Eve, LLC						
Firm/Company						
11424 Golden Bay Place						
Address						
Bradenton, FL 34211						
City/State and Zip Code						
maxttocs@yahoo.com						
E-mail address: (to be used for future annual rep	port notification)					
For further information concerning this matter, please	call:					
Maxwell Scott	858 9266266					
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	☐ \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR DOTH 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: Olive and Eve,	LLC		
2.	(a)		(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		λ	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		11424 Golden Bay Place			
		Bradenton FL, 34211			
		9/4/2019	_	L1600	00164182
3.		Date of filing/registration in Florida	4.		Document number ———
5.	(a)	UNITED STATES CORPORATION AGENTS,	INC.		
		Registered Agent and Registered Office shown on the records of the		Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		5575 S. SEMORAN BLVD SUITE 36			
		ORLANDO , FL 3:	2822		
	(b)	Maxwell Scott			E PH 2: 38
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ress:	2: 38 STATE LORIDA
		NEW Registered Office Address:			
		11424 Golden Bay Place			
		Bradenton , FL 3	4211		
the age	cha ent v s/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	ne regist fility cor the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		tury of a member or authorized representative of a member	Max	well Scot	
		•			Printed or typed name of signee
pro the to not	ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided pely reflect a change in the registered office address. I he I in writing of this change.	e to act : erforma for in C reby co	in this capa nce of my a hapter 605, nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Sig	znaty	fe of Registered Agent			