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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
ANDREW F. Pope Name of Person
Firm/Company
2914 Morningside Aue Address
Daytona Reach FL. 32118 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW FORE at (386) 334 8550 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 & Certified Conv

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

1 101 1000	
1. Name of the limited liability company:	LLAND LLC
2. (a) 294 Morningside Ave	(b) 294 Morningside Aus
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Doutana Beach	Daylona Beach
FL 32118	Fr 35118
•	
Oct 12 2016	<u>L16000189134</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) BUSINESS FILINGS TINC. Registered Agent and Registered Office shown on the records of the	e Florida Dept, of State:
1200 S. PINE ISLAND RD.	· · · · · · · · · · · · · · · · · · ·
Registered Office Address MUST BE FLORIDA STREET AL	DDRESS)
PLANTATION	
, FL	33324 US = = = = = = = = = = = = = = = = = =
1. A	
(b) AWDRELS HOPE Enter name of NEW Registered Agent and/or NEW Registered O	Office address:
- AA A	——————————————————————————————————————
NEW Registered Office Address:	9: 03
DA-MONA Beach	A • • 3
	<u> </u>
, FL_	32118
If the limited liability company is not organized under the laws	of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab	pility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	
Signature of a member or authorized representative of a member	ANDREW F. PSPE Printed or typed name of signee
•	•••
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete put the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been

Signature of Registered Agent