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ALLAHASSEE FINSH

COVER LETTER

-	gistration Section vision of Corporations							
SUBJECT:	Haven 29, LLC							
	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.					
Please retur	rn all correspondence concerning this	matter to the fo	llowing:					
Walser, F	Rebecca, ESQ							
	Name of Person		-					
Law	Hiles of R. Walser Firm/Company		-					
777 South	h Harbour Island Blvd. Suite 44	0						
	Address		-					
Tampa, F	L 33602							
	City/State and Zip Code		-					
info@wal	serwealth.com							
E-mai	l address: (to be used for future annu	al report notifica	ation)					
For further	information concerning this matter, p	lease call:						
Julie Brov	vn	866 at (929-3258					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Div Clit 266	gistration Section vision of Corporations fton Building it Executive Center Circle lahassee, Florida 32301	Regis Divis P.O.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314					
Enc	closed is a check for the following a	mount:						
2 5	\$25 Filing Fee	\$ 55	Filing Fee & Certified Copy					

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.

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address of	the regi	stered office a	and the busir	ness office o	of the re	gistere
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	te 440 , FL. der the law address of limited liamembers of the month of the law and agr.	te 440 te 440 te 440 te 440 te 440 der the laws of the address of the regiliting liability comembers of the limited limit	der the laws of the State of Floraddress of the registered office a limited liability company, it is limembers of the limited liability compant of the limited liability company.	te 440 te 440	te 440	te 440 Meristered Office address: The description of the State of Florida, it is hereby confirmed that address of the registered office and the business office of the relimited liability company, it is hereby confirmed that the changement of the limited liability company or as otherwise provide the limited liability company. Mark D. Shelson