## L14000205294

| (Requestor's Name)                      |                |             |  |
|---|----------------|-------------|--|
| (Address)                               |                |             |  |
| (Ad                                     | dress)         |             |  |
| (City/State/Zip/Phone #)                |                |             |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |
| (Business Entity Name)                  |                |             |  |
| (Document Number)                       |                |             |  |
| Certified Copies                        | _ Certificates | s of Status |  |
| Special Instructions to Filing Officer: |                |             |  |
|   |                |             |  |
|   |                |             |  |
|   |                |             |  |
|   |                |             |  |

Office Use Only



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JAN 10 2017 J. HARRIS

## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: Suffer Bills Holling 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:   |  |  |  |  |
| Jevesa Ja // Name of Person   |  |  |  |  |
| Louthern Breeze Haldings, LCC   |  |  |  |  |
| Firm/Company  |  |  |  |  |
| 11013 Gailbrooke Dr.  |  |  |  |  |
| Address   |  |  |  |  |
| Livervila, FL 33579   |  |  |  |  |
| City/State and Zip Code  Sold Ell bir Sold Will Description  E-mail address: (to be used for future annual report notification) |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Terria 4/11 at 417, 434-5446  |  |  |  |  |
| Name of Person Area Code & Daytime Telephone Number   |  |  |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:  |  |  |  |  |
| Registration Section Registration Section   |  |  |  |  |
| Division of Corporations Division of Corporations   |  |  |  |  |
| Clifton Building P.O. Box 6327  |  |  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314   |  |  |  |  |
| Tallahassee, Florida 32301  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| <b>1</b> \$25 Filing Fee  |  |  |  |  |

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursu<br>submi<br>Floria           | ant to the provisions of sections 605.0114 or 605.0116, Florida Statute<br>its the following statement in order to change its registered office of<br>ia.  | s, the undersigned limited liability company<br>registered agent, or both, in the State of   |
|------------------------------------|--|--|
| 1. N                               | lame of the limited liability company:   | 1929 Hobbirgs, LL  |
| 2. (a)                             | (b)  |  |
| <b>2</b> . (u)                     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|                                    | Riverview, FL 33579  | Same   |
|                                    | 11-18-2016 L.  | 1600 020 5294  |
| 3.                                 | Date of filing/registration in Florida 4.  | Document number  |
| - /-·                              | Juntary States Invarious from Agents   | , Mr   |
| 5. (a)                             | Registered Agent and Registered Office shown on the records of the Florida Dept. of  | State:   |
|                                    | 13302 Winding Oak Court  |  |
|                                    | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |
|                                    | #A   | <b>17</b>  |
|                                    | 1211   | <del>2</del> = 4   |
|                                    | [ampa , FL 236/  |  |
| (b)                                | Teresa Hall  | - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19  |
| (0)                                | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  |
|                                    | 11013 Gallhrooke De  | #  |
|                                    | NEW Registered Office Address:   | — <del>—</del>   |
|                                    | Liverview ,FL 3357   | <u>9</u>   |
| the ch<br>agent<br>was/w<br>the ar | limited liability company is not organized under the laws of the State of the ange or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company, were authorized by an affirmative vote of the members of the limited liability ticles of organization or the operating agreement of the limited liability | ffice and the business office of the registered it is hereby confirmed that the change(s) will be company or as otherwise provided in company.   |
| _                                  | sature of a member or authorized representative of a member  | Printed or typed name of signee  |
| nonya<br>                          | eby accept the appointment as registered agent and agree to act in this sions of all statutes relative to the proper and complete performance of bligations of my position as registered agent as provided for in Chapter rely reflect a change in the registered office address, I hereby confirm to the change of this change.   | capacity. I further agree to comply with the<br>my duties, and I am familiar with and accep<br>605, F.S. Or, if this document is being filed<br>hat the limited liability company has been |
| Signat                             | ture of Registered Agent   |  |