## 11600207283

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

Office Use Only



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17 JUL -3 PH 2: 04

S. WARREN
JUL 0 6 2017

## COVER LETTER

	gistration Section vision of Corporations					
CHD IECT.	Your Family Home Buyer LLC  Name of Limited Liability Company					
SUBJECT:						
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.			
Please retur	m all correspondence concerning th	is matter to the fo	ollowing:			
Joshua S	nyder					
	Name of Person		_			
Your Fam	nily Home Buyer					
	Firm/Company		_			
1019 Kan	ne Concourse # 202					
	Address					
Bay Harb	or Islands, FL 33154					
	City/State and Zip Code		_			
thejustbe	cause@gmail.com					
E-mai	l address: (to be used for future and	nual report notific	eation)			
For further	information concerning this matter	, please call:				
Joshua S	nyder	305 at (	4583780			
	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		Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
Enc	closed is a check for the following	g amount:				
<b>3</b> 9	\$25 Filing Fee	<b>□</b> \$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.

1. Na	ume of the limited liability company:		Buyer LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  1019 Kane Concourse # 202	_ (	P.O. BO	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  X 2601	
	Bay Harbor Islands, FL 33154 HALLE		HALLEN	ENDALE BEACH, FL 33008	
	11/10/2016		L1600020	07283	
3.	Date of filing/registration in Florida  Joshua Snyder	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	he Plori	da Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(SS)</u>	17 JU		
	Bay Harbor Islands, FL	3315	4	7 JUL -3 74	
(b)	Thomas Myers			를 구 등 로드 <b>&gt;</b>	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			2: 04 1 ()(10)A	
	NEW Registered Office Address:				
	, FL			-	
the cha agent was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liacre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the the reg ability of the li limited	e State of Flo distered office company, it is mited liability	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob. to mer	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d'in writing of this change.	ec to a perfori l för in ierehy	ct in this cape mance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been	
Signate	ire of Registered Agent				