## 116000216402

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





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## COVER LETTER

Division of Corporations	
SUBJECT: Freedom Cap	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
LISC Borroto  Name of Person	
Freedom Capital Hole	dings LLC
101 NE 3Rd AVE Address	Sulte 1500
FA. Landerdal FL 3= City/State and Zip Code	3301
L-mail address: (to be used for future annual	byyers, compal reportinotification)
For further information concerning this matter, p	lease call:
LISC Borneto Name of Person	at (305) 360 - 9448  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 a	mount:
1 \$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.

i witte.		_		
1. N ame of the lim	nited liability company: Treedom	Capital	tioldings	ilc
2. (a)		(b)		
	al office address of limited liability company:  Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE POS	
101 1	UF 3rd AveSuite 15	00		
FOIT!	auderciale A 3330			<del></del>
		1-16	000216	402
3. Date	of filing/registration in Florida	4. Document n		
5. (a) _ Que	er Reiner			
	nt and Registered Office shown on the records of the	e Florida Dept. of Sta	ite:	
_101	I NE 3Rd Ave		_	
·	ce Address (MUST BE FLORIDA STREET AL	ODRESS)	_	
Sult	e 1500			
-F7.L	audirdale .FL	3 330	_	
(b) Ryan	Shrouder, Spink, S	hrouder	8 Kains	P.A.
Enter name of 3	NEW Registered Agent and/or NEW Registered O	nuce address:		
9700	Griffin Rd			20 7A
NEW Registere	ed Office Address:	•••	_	2019 A
Ceope	- City FL 33328			T Salue 2
			_	20
	, FL		_	
If the limited liability	company is not organized under the laws	of the State of Fl	lorida, it is hereby co	••••
the change or change	s are made, the Florida street address of the	he registered offic	e and the business o	ffice of the registered
was/were authorized	al. Or, in the case of a Florida limited liab by an affirmative vote of the members of	the limited liabili	ty company or as oth	nerwise provided in
the articles of organiz	zation or the operating agreement of the line of the l	,	mpany.	
(Signature di a member	or authorized representative of a member	USG 1	Printed or typed name	of signer
_ <i>_</i>	appointment as registered agent and agree	e to act in this car	- •	-
provisions of all stati the obligations of my	utes relative to the proper and complete pe Ajosition as registered agent as provided ) Janve in the registered office address. The	erformance of my for in Chapter 6D	duties, and Lam fan 5 - F.S Or-if this da	niliar with and accept cument is being filed
Signature of Registered A	Agent			
1 / 1				