Division of Corporations Electronic Filing Cover Sheet.

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H230000161753ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MYLLC.COM, INC.

Account Number : I20130000077

Phone : (888)886-9552

Fax Number

: (888)776-9552

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE 10462 MOSS ROSE FL LLC

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A. LUNT

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	10462 Moss Rose LLC			
gobabet.	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.			
Please return ail correspondence conc	erning this matter to the following:			
Heather Gas	aton			
Name of Pers	GON			
MyLLC.com,	Inc.			
Firm/Compar	ıy			
1910 Thomes	: Ave			
Address				
Cheyenne, WY	82001			
City/State and Zip	p Code			
E-mail address: (to be used for fo	uture annual report notification)			
For further information concerning thi	s matter, please call:			
Heather Gaston	888-886-9552			
Name of Person	Arca Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the fo	allowing amount:			
□ \$25 Filing Fcc	S55 Filing Fee & Certified Copy			
MHS18 (2/14)				

H230000161753

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. N	lame of the limited liability company: 10462 Moss R	Rose LLC			
2. (a)	12990 Dullon Corner Lane, Cuite 200	(b) PO Box	c 1263		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liab		•
	10462 Moss Rose Way	P.O. BC	X 1263		
	Orlando, FL 32832	CAMAR	IILLO, CA 93011-1263		
	12/08/2016	L160002	222155		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a	CAPITOL CORPORATE SERVICES, INC.				
J. (14)	Registered Agent and Registered Office shown on the records of	the Plorida Dept. of St	ate:		
	515 East Park Avenue · 2Nd FI				
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	_		
			_	2022	•
	Tallahassee , FL	32301		JAN	<u>.</u>
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office address:		2 AM II: 2	
	17888 67th Court North				
	NEW Registered Office Address:		_	7	
	Loxahatchee .FL	33470	_		
the chi agent i was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ce and the business office of is hereby confirmed that the ity company or as otherwise or many.	of the regi	istered (s)
-	ture of a member of authorized apresentative of a member		Printed or typed name of sign		
I here provisi the obi to mer notifie	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d'in writing of this change.			comply wi with and nt is being any has b	th the accept g filed een
Ciman	Isabel Burgos on behi	alf of InCorp Se	rvices, Inc.		
ചുമുവ	ife of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00