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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GARNAN, LLC	nited Liability Company			
Name of Lin	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Name M. 11/ADr				
Name of Person				
GARNAN LLC				
Firm/Company				
9346 TOURNAMENT	DR			
Address				
HUDSON FL 34	667			
City/State and Zip Code				
E-mail address: (to be used for future annual report	Com rt notification)			
For further information concerning this matter, please c	all:			
,				
Name of Person at (127) 857-1060			
Mame of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	·			
Enclosed is a check for the following amount:				
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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	Tame of the limited liability company:	(L	LC			
2. (a)		, _ (b) _	9346			DR.
	Principal office address of limited liability company:			ng address of limite	_	
	(Note: MUST BE STREET ADDRESS)		(<u>/V</u>	ote: MAY BE POS /	OFFICE	
	HUDSON FL 34667		<i>H</i>	UDSON,	FL	34667
	,			,		
	.04	-	1	_		
	MARCH 6, 2017		<u> </u>	70000	5100	5
3.	Date of filing/registration in Florida	4.	Doc	cument number		
5. (a	U.S. CORP. AGENTS INC	<u>.</u>				
·	Registered Agent and Registered Office shown on the records of the	Florida De	pt. of State:			
	13302 WINDING OAK Ct.	Sta	A			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	·····			
					3	
					3 7	
	TAMPA,FL_	336	2	A Part House		
(b)	NANCY M. WAXE					1
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addre	12 :	ES.) .
	0-11/	,	. 4	RAT	දි දි	
	9346 TOURNAMENT	F	SK_	P	<u>~</u>	•
	NEW Registered Office Address:					
	HUDSON ,FL	340	667			
			,			
If the	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the	of the Sta	ate of Florida	i, it is hereby co	nfirmed th	nat after
agent	will be identical. Or, in the case of a Florida limited liab	ility comp	oany, it is her	reby confirmed t	that the ch	ange(s)
was/w	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the line.	the limite	d liability con	mpany or as oth	erwise pro	ovided in
/		illiwa ilao	•		1./02-	
Sign	ature of a member or authorized representative of a member			NCY M.		
I here	eby accept the appointment as registered agent and agree	to act in	this capacity). I further agre	e to comp	ly with the
provis	sions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided j rely reflect a change in the registered office address, I he	erformand for in Cha	e of my dutie inter 605 F S	es, ånd I am fam S. Or if this doc	illiar with cument is	ánd accept being filed
to mei	rely reflect a change in the registered office address, I he ed in writing of this change.	reby conf	irm that the l	imited liability	company l	nas been
(Mancy M. Wade					
Signat	ure of Registered Agent					

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