1170000 58914

(Reque	stor's Name)		
(Addre:	ss)		
(Addre	ss)		
(City/Si	tate/Zip/Phone #)	,	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
,	•		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



100344571671

05/15/20++01003++027 **55.00

2020 HAY 15 PH 2: 52

O SHAMONS

COVER LETTER

•	gistration Section rision of Corporations	•
	Her! House	
SUBJECT		ted Liability Company
Dear Sir or	Madam:	'
The enclose	ed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to	o the following:
Michael Her	1	
	Name of Person	
Herl House		
	Firm/Company	
1650 Elizab	eth Ln	
	Address	
Clearwater		
	City/State and Zip Code	
michael.herl	@herlhouse.com	
E-mai	l address: (to be used for future annual report	notification)
For further	information concerning this matter, please cal	1:
Michael Her	703 at (400-9853
	Name of Person	Area Code & Daytime Telephone Numbe
	ailing Address:	Street Address:
	gistration Section	Registration Section
	vision of Corporations	Division of Corporations
	D. Box 6327	The Centre of Tallahassee
I al	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following amount:	
:	\$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.

(a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	1650 Elizabeth Ln		
	Clearwater, FL 33755		
	13 May 2020	L1700	00058974
	Date of filing/registration in Florida	4.	Document number
(a)			1
(4)	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	of State:
	Michael Herl		'
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	1650 Elizabeth Ln		202
	Clearwater	33755	2020 HAY
		FL	
(b)			ဘ
(0)	Enter name of NEW Registered Agent and/or NEW Register		
			; 2; 5;
	Yvette Saunders		
	NEW Registered Office Address:		
	1650 Elizabeth Ln		
	Clearwater	FL. 33755	
the I ango	limited liability company is not organized under the cor changes are made, the Florida street address of t	laws of the State of the registered of the control	of Florida, it is hereby confirmed that after ice and the business office of the registere
ent v	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	liability company	y, it is hereby confirmed that the change(s
	icles of organization or the operating agreement of the		
ير	Under	Michael Ho	crl
	iture of a member or authorized representative of a member		Printed or typed name of signee

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

Signature of Registered Agent