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(Requestor's Name)							
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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations							
The Herrin Group, LLC SUBJECT:	The Herrin Group, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning the	is matter to the following:						
Shawn Herrin							
Name of Person							
The Herrin Group, LLC							
Firm/Company	<del></del>						
5108 Horseshoe PL NE							
Address							
St. Petersburg, FL 33703							
City/State and Zip Code							
shawn.herrin@gmail.com							
E-mail address: (to be used for future ann	ual report notification)						
For further information concerning this matter,	please call:						
Shawn Herrin	443 240-3128						
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed 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.

I. Na	me of the limited liability company: The Herrin Gr	oup, LLC		
2. (a)	5108 Horseshoe PL NE	(b) 5108 Horseshoe PL NE		
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33703	St. Peter	St. Petersburg, FL 33703	
	March 30, 2017	 L1700007	71941	
<b>.</b>	Date of filing/registration in Florida	4.	Document number	
i. (a)	Yanger Law Group, P.A.		minus.	
. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State	1	
	217 Lois Ave	YAN TO		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	CONTROL OF THE STATE OF THE STA	
	Tampa, FL	33609		
(b)	Brinkley Legal Services		8	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
	111 Second Ave. N.E.			
	NEW Registered Office Address:	40-70-10-10-1	•	
	Suite 900			
	St. Petersburg , FL	33701		
he cha gent v vas/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office ability company, it is if the limited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Signa	the of a member or authorized representative of a member		Printed or typed name of signee	
provisi he obl o mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	ee to act in this capo performance of my o I for in Chapter 605 iereby confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

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