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S Warren

MAY - 5 2017

COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC*	r. VALLEY STREAM DRIVE, LLC			
OCBGEC		Limited Liability Company		
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please retu	urn all correspondence concerning this mat	tter to the following:		
PRESTO	ON BOLT			
	Name of Person			
VALLEY	STREAM DRIVE, LLC			
	Firm/Company			
462 VAL	LEY STREAM DRIVE			
	Address			
GENEV	A, FL 32732			
	City/State and Zip Code	•		
F	boltifa bellsouth.	. net		
E-ma	ail address: (to be used for future annual re	port notification)		
For furthe	r information concerning this matter, pleas	e call:		
PRESTO	ON BOLT	407, 617 3151		
	Name of Person	Area Code & Daytime Telephone Number		
Re D: CI 26	egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
Ø	\$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. Na	ame of the limited liability company: VALLEY STE	REAM D	RIVE, LLO		
2. (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)		
	462 VALLEY STREAM DRIVE		462 VAL	LEY STREAM DRIVE	
	GENEVA, FL 32732		GENEVA, FL 32732		
	04/10/2017		L1700008	0216	
3.	Date of filing/registration in Florida	4.	•	Document number	
5. (a)	CHRISTIAN M. FLEMING				
3. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET) 11891 US HWY 1	ADDRESS	2		
	NPB , FI	L33408		SECON M	
(b)	PRESTON BOLT			AY -L	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:	FILED Y-4 PHIZ: TARY OF STA HASSEE, FLOT	
	NEW Registered Office Address:			\$# .8	
	462 VALLEY STREAM DRIVE			2	
	GENEVA , FI	L ³²⁷³²			
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis iability co of the lim e limited l	stered office impany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	ture of member or authorized representative of a member	-		Printed or typed name of signee	
I here provisi the obl to mero notified	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, L d in writing of this change	ree to act e performe ed for in C hereby co	in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatu	re of Registered Agen				