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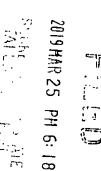
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Changed of address		
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Francey Forgues		
Name of Person		
Forgues Insurance Group LLC		
Firm/Company		
4112 SW 18th Street		
Address		
Fort Lauderdale, Fl 33317		
City/State and Zip Code		
frantzgeorges@yahoo.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter, p	please call:	
Francey Forgues	954 822 7499 at ()	
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:	
S25 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.

l. Na	ame of the limited liability company: 1 organs 4112 SW 18th Street		.112 SW 18th Street
?. (a)	Principal office address of limited liability compact (Note: MUST BE STREET ADDRESS)	(D)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, Florida 33317	F	ort Lauderdale, Florida 33317
	05/08/2017	 L1	7000102491
3.	Date of filing/registration in Florida Francey Forgues	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida De	ept. of State:
	Registered Office Address	REET ADDRESSI	
-	Florida	, FL_33317	209 HAR
(b)	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office addre	25
	NEW Registered Office Address: 4000 North State Road 7 Suite 202		6: 0
	Lauderdale Lakes	FL_33319	
the chagent was/v the ar	limited liability company is not organized under lange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the menticles of organization or the operating agreement from the company of a member of a	lress of the registe nited liability com mbers of the limite t of the limited lia	ered office and the business office of the registere apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Cey Forgues
I her provi. the ol to me	when we are the amointment as munistaged agent of	and agree to act is	Printed or typed name of signee in this capacity. I further agree to comply with the face of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file firm that the limited liability company has been

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

Signature of Registered Agent