## 117000 104 186

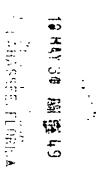
	4 1-11	
(Ke	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		





200313678632

05/29/18--01010--002 \*\*25.00



J. LEGGETT MAY 31 2018

## COVER LETTER

Division of Corporations	
SUBJECT: Mo Chuis	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Adam Deutsch Name of Person	
Mo Chuisle N Firm/Company	laples, LLC
4120 Lake Forest 2	Dr., Unit 612
Bonita Springs For City/State and Zip Co	L 34134
E-mail address: (to be used for future	annual report notification)
Dan Amelica informações anamentas des um	or se al sama antto
Adam Deutsch Name of Person	at (_614) 30 9 98 9 0 Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
\$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.

I. Na	ame of the limited liability company: Mo Chuisle Waples LLC
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)
	4120 Lake Forest Dr., Unit 612 4120 Lake Forest Dr., Unit 612
	Bonita Springs FL 34134 Bonita Springs, FL 34134
	5.10.17 17000104186
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	CT Corporation System  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1200 South Pine Island Road
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Adam Dewtsch
	NEW Registered Office Address:
	4120 Lake Forest Dr., Unit 612
	Bonita Springs FL 34134
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited hability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.  How Deutsch
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been can writing to must enduge.
Signatur	e of Registered Agent

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