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(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
ertified Copies Certificates of Status						
Special Instructions to Filing Officer:						
AECRETATE SECRETARISE SECRETARISE FOR 10 PA						



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W. HARRIE

COVER LETTER

Division of Corporations							
Moonshot Properties, LLC SUBJECT:							
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:						
Debbie S. Commander-Haden							
Name of Person							
Moonshot Properties, LLC							
Firm/Company							
11494 Big Canoe							
Address							
Jasper, GA 30143							
City/State and Zip Code							
debbie@moonshotproperties.com							
E-mail address: (to be used for future annua	al report notification)						
For further information concerning this matter, p	lease call:						
Debbie Commander-Haden	256 710-0833						
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	S55 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.

Name of the limited liability company: Moonshot Properties, LLC						
2. (a)	Moonshot Properties, LLC	(b) Moonshot Properties, LLC				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)		
	65 Red Oak Point		11494 Big	Canoe		
	Jasper, GA 30143	_ :	Jasper, G	A 30143		
	June 1, 2017	L	17000120	0586		
3.	Date of filing/registration in Florida	4.	Γ	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the Pauline Commander Registered Office Address (MUST BE FLORIDA STREET), 2725 Mercado Ave Pensacola , FL Enter name of NEW Registered Agent and/or NEW Registered Chris J. HInds NEW Registered Office Address: 1427 Muir Circle	32507		2017 JUL 24 PH 4: 05 SECRETARY OF STATE TALLAHASSITY FLORIDA		
	Clermont FL	34711				
the cha agent v was/we the arti Signal I herei provisi the obl to mere notified	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ure of a member 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. If it is writing of this change.	the register ability con of the limit limited lia Debt	ered office appany, it is led liability bility compose S, Con	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. nmander-Haden Printed or typed name of signee city. I further agree to comply with the		