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CORETAIN OF STATE
LLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
Subject: Subject:				
	ne of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the	following:		
Melinda J. Eller	·			
Name of Person		<u>—</u>		
Southern Hearts, LLC				
Firm/Company				
13980 Lake Point Drive			TAL SE SE	.
Address		<u> </u>	LAND CREE	3 7
Clearwater, FL 33762			AHASSEE, FLORIE	TLED 3:35
City/State and Zip Code		 -	19 E	⊋ ⊡
southernheartsfl@outlook.com			ORID ORID	ယ္ ယ
E-mail address: (to be used for future and	nual report noti	fication)	⊅'''	ഗ
For further information concerning this matter	. please call:			
Melinda Eller	at (656-2477		
Name of Person	(Area Code & Daytime Teleph	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314		
Enclosed is a check for the following	amount:			
	□ \$	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.

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LE SSEE
S: 35
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onfirmed that after ffice of the registered that the change(s) nerwise provided in
of signee
ee to comply with the niliar with and accept cument is being filed company has been
1

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

INHS18 (2/14)