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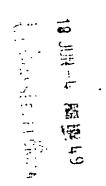
(Requestor's Name)						
(Address)						
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(Ci	ty/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						





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J LEGGETT JUN 05 2018

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	960 Desert Mountain Court LLC					
SUBJI	Name of Limited Liability Company					
Dear S	ir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
,	Sara Turner Name of Person					
	Firm/Company					
	469 Massachusetts Ave #1 Address					
	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)						
	rther information concerning this matter, please call:					
	Sara Turner at (617) 834-5796 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 Enclosed is a check for the following amount: The Content of Corporations Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	\$25 Filing Fee					

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:	o Desert	Mantain	Cart Luc
2. (a)	58 Bronfield It awing mA 02170	P(b)	same	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	s of limited liability company: "BE POST OFFICE BOX")
3.	し- し- つ Date of filing/registration in Florida		1700017	
٥.		4.	Document r	number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dans of	Ctata	
	1201 Hays St	the Florida Dept. of	State.	
	Registered Office Address (MUST BE FLORIDA STREET)			
		<u></u>		
	Tallanassee .FL	32301		
(b)	TJ Cosgrove			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		do
).)			
	1420 Celebration Blua #-			
	NEW Registered Office Address:			
				Ę P
	Cerebratian FL	3474-	7	공 · · · · · · · · · · · · · · · · · · ·
	- Tradition	·	<u>*</u>	51
the cha agent v was/wo	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered of ability company, of the limited liability	ffice and the bus, it is hereby con bility company o company.	siness office of the registered firmed that the change(s) or as otherwise provided in
		<u>Or</u>	1944 RIL	Ly
I herei provisi the obl to mere	or authorized representative of a member by accept the appointment as registered agent and agrous 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, I it in writing of this change.	ree to act in this	capacity I furth	her agree to comply with the
Signatu	re of Registered Agent			