117000130510

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	nel			
(23)	Silledo Ellaty Mai	,,,,			
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



300315587753

300315587758 07/10/18--01005--033 **350,00

K SALY JUL 2 () 2018

COVER LETTER

TO:	Registration Section Division of Corporations		•			
CHRI	663 HIBISCUS, LLC					
SUDJ	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Jerer	my Auestad					
	Name of Person					
	Firm/Company					
667	Hibiscus					
	Address		<u> </u>			
West	t Palm Beach, FL 33401					
	City/State and Zip Code					
susa	n@rodecker.com					
	E-mail address: (to be used for future and	iual report noti	fication)			
For fu	orther information concerning this matter.	, please call:				
Susa	in Castellanos	714 at (241-7368			
	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	R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee		S55 Filing Fee & Certified Copy			
INHS	18 (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	me of the limited liability company: 663 HIBISCUS	S, LLC		
	663 HIBISCUS, LLC	(b) 663 HIBIS		BISCUS, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17284 NEWHOPE ST, #222	_	17284 N	NEWHOPE ST, #222
	FOUNTAIN VALLEY, CA 92708	_	FOUNT	AIN VALLEY, CA 92708
	06/13/2017		L170001	30510
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	KELLEY & GRANT, P.A			
w. (u)	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of Stat	et:
	Registered Office Address (MUST BE FLORIDA STREET A. 399 NW 2ND AVE STE. 222	DDRESS	2	- ≟‰ ≈
	BOCA RATON ,FL	33432		
(b)	Jeremy Auestad			5 5 6
(2)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	dress:	PR 4: 35
	NEW Registered Office Address:			_
	667 Hibiscus			_
	West Palm Beach, FL	33401		_
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co the lim	stered offic impany, it iited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	016	Wa	llace Roc	
-	ture of a member or authorized representative of a member			Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete t igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	re to act perform for in C ereby co	in this cap ance of my Chapter 60 Onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent