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TO:	Amendment Section Division of Corporations
	17.VISION OF COEPARITIES
	663 MIRISCUS LLC
SUBJ	ECT: 663 HIBISCUS, LLC of Corporation
Name	or Corporation
DOC	JMENT NUMBER: L17000130510
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Wallac	e Rodecker
Name	of Contact Person
663 H	BISCUS, LLC
Firm/0	Company
17284	Newhope St #222
Addre	5S
Founta	in Valley, CA 92708
City/S	late and Zip Code
	wallace@rodecker.com
E-mai	l address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
Wallac	e Rodecker at (714)241-7368 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo:	ed is a \$35,00 check made payable to the Department of State.
	• •

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)