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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coach 4 Faws LL o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Trucie Lumpton Name of Person	
Couch 4 Paus	
Firm/Company	
15500 Maion Lano	
Address	
City/State and Zip Code	
,	
E-mail address: (to be used for future.annual	report notification)
For further information concerning this matter, ple	rase call:
1140 WINTER	Area Code & Daytime Telephone Number
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 am	ount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to	the provis	tions of sec	tions 605	.0114 o	r 605.0	116, Flo	rida Stat	utes.	the under	signed	limited [i	ability	[,] compa
submits the	following	statement	in order	to cha	nge its	register	ed office	or o	registered	agent,	or both,	in th	e State
Florida				_		$\overline{}$							
				/1		Y							

1 1177 1411		
I. Na	ume of the limited liability company: (LULH 47 mus L	LC
2. (a)	15595 Mullin Lake 1401/4 (b) 4	Early.
(,	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BON)
	14, 77, 12	
	Jaly 10 2017 L. 170	CW144967
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Lende zoom inion Strong trans	in realisting
. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Str	
	- Torn C. Synvor In Som duti	5
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2015
•	Warde File STRAR	23
	37 1011 773 1 2	
•	, FL	9 1
(1.)	The two and the	and the second s
(p)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	-
		œ
	15595 (Lelich Lake	
	NEW Registered Office Address:	_
	1. Junior 11 33477	
	1	_
	C!	
	, rL	_
	mited liability company is not organized under the laws of the State of F	
agent v	inge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability co.	ty company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee
	•	
provisi the obl	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 ly reflect a change in the registered office address. I hereby confirm that	duties, and I am familiar with and acce 5, F.S. Or, if this document is being file
to mere notifiec	Ty reflect a change in the registered office address. I hereby confirm that I in writing of this change.	the limited liability company has been
3		
Signatu	re of Registered Agent	