## 417000158335

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SECRETARY OF STATE
INITIALIZATION

## COVER LETTER

INHS18 (2/14)

	COVERLETT	LR
TO: Registration Section Division of Corporations	•	4
SUBJECT:	Name of Limited Liability	ty Company
Dear Sir or Madam:		
The enclosed Registered Agent/R	egistered Office Change and fee(s	s) are submitted for filing.
Please return all correspondence of	concerning this matter to the follo	wing:
Enke EKU Name of	Y	
, value of	. 6.361.	
	<u> </u>	
Firm/Con	. •	
3909 East	torchloke DV	
Addres	S	
The Villages City/State an	FL, 32163 d Zip Code	
E-mail address: (to be used	d @ amail - Com for future annual report notification	on)
For further information concerning	g this matter, please call:	
Enk C Eklu	at ( <u>786</u> )	223-9934
Name of Person	Ar	ea Code & Daytime Telephone Number
STREET/COURIER AI		NG ADDRESS:
Registration Section	<b>—</b>	ation Section
•		
<b>-</b>		
Tallahassee, Florida 3230		3500, 1 101100 323 (T
Enclosed is a check for t	he following amount:	
□ \$25 Filing Fee	<b>४</b> \$55 Fil	ling Fee & Certified Copy
Enkley City/State and Enkley E-mail address: (to be used E	d Zip Code  d Camail - Com  for future annual report notification  g this matter, please call:  at (786)  Are  DDRESS:  MAILI Registra  Division P.O. Bo  Tallaha:  The following amount:	223 – 9934  ea Code & Daytime Telephone Numbe  NG ADDRESS: ation Section of Corporations ox 6327  ssee, Florida 32314

## 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.

rioriu	<b>,</b>	~ .
1. Na	me of the limited liability company:	s Eyes
2. (a)	the state of the s	ErikeEklund
المرسع	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
المكاركة المحا	3970 Sw Archer Rd	3909 East Torchlake Dr
~ 0 × ~	Gain esville FL 32608	The villages, FL 32163
Java V		J
, v	07/26/2017	L17000158335
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Erik C. Eklund	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida D	pept. of State:
		•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	3909 East Torchlake Drive	~
		TAKE 17
	the villages FL 321	CRE L
(b)	Ink c. Eklund	AGG 1
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address	AUG 18 PM 4: 2 RETARY OF STATE AHASSEE, FLORID
		Fig. <b>2</b> D
	3909 East Torchlake Drive	ATE PRIDA
	NEW Registered Office Address:	•
	the villages FL 3216	<u>27</u>
	J	
If the li	imited liability company is not organized under the laws of the St	tate of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registe will be identical. Or, in the case of a Florida limited liability com	ered office and the business office of the registered
was/we	ere authorized by an affirmative vote of the members of the limite	ed liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited lia	
Jienat	ture of a member or authorized representative of a member	Printed or typed name of signee
	by accept the appointment as registered agent and agree to act in	· · · · · · · · · · · · · · · · · · ·
provisi the obl	ons of all statutes relative to the proper and complete performan igutions of my position as registered agent as provided for in Ch ely reflect a change in the registered office address. I hereby con	ice of my duties, and I am familiar with and accept anter 605 F.S. Or if this document is being filed
to mere	Iv reflect a change in the registered office address. I hereby con I in priting of this change	firm that the limited liability company has been
	and The (MGR)	
Signatu	re of Registered Agent	

## 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.

Florida.	·		w /
I. Nan	ne of the limited liability company:	Frameous	Eyes
2 (-)	morning androver	(b)	ErikeEklund
2. (a) _ ປ _	Principal office address of limited liability e	ompany:	Mailing address of limited liability company:
1	(Note: MUST BE STREET ADDRE		(Note: MAY BE POST OFFICE BOX)
X	3970 Sw Archer	Rd	3909 East Torchlake D
(A)	Gain Esville FL	32608	The villages, FL 3216
My 0	27/20/2017		L17000158335
3.	Date of filing/registration in Flori	da 4.	Document number
.,,			
5. (a)	Registered Agent and Registered Office shown on the	be records of the Florida Den	at of State:
	Registered Agent and Registered Office shown on a	ne records of the Finnian ize.	
		DA CTREET ADDRECT	
	•	DA STREET ADDRESS)	
	3909 East Torchlo		
	the villages	, FL32[1	63
		1	
(b)	Erik C. EKlun		ε'
	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address	<u>3</u> .
	3909 Fost Torch	lake Drive	
	NEW Registered Office Address:	_	_
	The Villages, F	1 3216	<b>B</b>
			<del></del> -
		堰	
		<del></del>	
If the li	imited liability company is not organized	under the laws of the Sta	ate of Florida, it is hereby confirmed that after red office and the business office of the register
	will be identical. On in the case of a Flori	da limited hability comi	Sand if it is negletly continued that the change(s)
washin	are authorized by an affirmative vote 01 th	e members of the timite	d liability company of as otherwise provided in
the arti	icles of organization or the operating agree	ement of the financo hat	The Ekund (MCR)
	ture of a member or authorized representative of a	MGR)	Ent c-Eklund (MGR) Printed or typed name of signee
			this converts. I further goree to comply with the
- I here -provisi	by accept the appointment as registered a ions of all statutes relative to the proper a	gent ana agree to act in nd complete performant	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acce- upter 605, F.S. Or, if this document is being file from that the limited liability company has been
the obl	ligations of my position as registered ager Ny reflect a change in the registered offic	n as provided for in Che e address, I hereby com	ipter 605, F.S. Or, it this accument is being fac- firm that the limited liability company has been
notifie	d'in vriting of this change.	<i>r</i>	
	lack I/slul	(MGR)	
Signad	ire of Registered Agent	-	