L17000177764

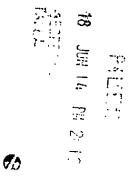
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone	e #)				
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates	of Status				
Special Instructions to Filing Officer:					

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06/14/18--01001--026 **25.00



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2018

Order#: 249951/005

Re: HOLDEN2, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: HOLDEN2, LLC		
2. (a)	231 Douglas Road East, Unit 8	_ (b)	PO Box 550
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Oldsmar, FL 34677	-	Odessa, FL 33556
		08/18/2017	_	L17000177764
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Sivyer, Barlow & Watson, P.A.		
J. (.	` ′	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:
		401 East Jackson Street, Suite 2225		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	Dept. of State:
		T		
(b)		Tampa , FL_	33602	
	b)	Corporation Service Company		₽
		Enter name of NEW Registered Agent and/or NEW Registered O	Office add	lress:
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee FL_	32301	
the ager	cha: it w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cies of organization or the operating agreement of the li	he regist pility cor the limi	tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
/s	/ Ed	ward Holden	Edwa	ard Holden, Managing Member
Si	gnat	ure of a member or authorized representative of a member		Printed or typed name of signce
prov the a to m	visio obli vere	y accept the appointment as registered agent and agreous of all statutes relative to the proper and complete peations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erforma	mce of my duties, and I am familiar with and accept
Class		en Key	DV. 4	wind Comment Amen Alice Described
Sign	atur	e of Registered Agent Corporation Service Company	BY: An	ni M. Casper, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00