

(Re	questor's Name)	<u> </u>
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PICK-UP	MAIT	MAIL
(Business Entity Name)		
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D. SCOTT SEP 2 5 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LAND SUN E	AFRESS LLC ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mahle Joly Name of Person	
MASUN EXPRESS	; LLC
10420 MC KINLY D	h #5316
TAMPO F1 336/Z City/State and Zip Code	SEP 22
Email address: (to be used for future a	nnual report notification)
For further information concerning this matte	er, please call:
IJUV ISMA Name of Person	at (GSY) 696 8978 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	ng amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

J'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. Name of the limited liability company: <u>[and 540 2</u>	EXPRESS LLC.
	n)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
10470 MCKINIPY DR #5316	
Tampa F1 33612	
08/22/70/7	L17000179594
3. Date of filing/registration in Florida 4.	Document number
5. (a) MCBIC F TOLY Registered Agent and Registered Office shown on the records of the Florid	
Registered Agent and Registered Office shown on the records of the Florid	a Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRES)	C)
	<u>n</u>
10420 MCKINLLY DK #5316	
TCIMPA FI. 3	36/4
(b) IJENCI ISMG	
Enter name of NEW Registered Agent and/or NEW Registered Office ac	Idress:
	22
NUMBER OF ALLES	
NEW Registered Office Address:	
, FL	
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the reg agent will be identical. Or, in the case of a Florida limited liability e was/were authorized by an affirmative vote of the members of the lir the articles of organization or the operating agreement of the limited	istered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
	MORIE JOLY Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform	r in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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