## L11000187635

| (Requestor's Name)                      |                    |           |  |  |
|-----------------------------------------|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Address)                               |                    |           |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)      |  |  |
| ☐ 5ICK·U∋                               | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | usiness Entity Nam | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
| G.                                      |                    |           |  |  |
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## **COVER LETTER**

| TO:      | Registration Section Division of Corporations |                          |                                                      |
|----------|-----------------------------------------------|--------------------------|------------------------------------------------------|
| SUBJE    | To-Hell-We-Ride Partners LLC                  |                          |                                                      |
|          |                                               | ame of Limited Liabil    | ity Company                                          |
| Dear S   | ir or Madam:                                  |                          |                                                      |
| The en   | closed Registered Agent/Registered C          | ffice Change and fee(    | s) are submitted for filing.                         |
| Please   | return all correspondence concerning          | this matter to the follo | owing:                                               |
| James I  | P. Kelly IV                                   |                          |                                                      |
|          | Name of Person                                |                          |                                                      |
| To-Hel   | l-We-Ride Partners LLC                        |                          |                                                      |
|          | Firm/Company                                  |                          |                                                      |
| 12831 5  | S. Shore Drive                                |                          |                                                      |
|          | Address                                       |                          |                                                      |
| Palm B   | each Gardens, FL 33410                        |                          |                                                      |
|          | City/State and Zip Code                       |                          |                                                      |
| jpkellyi | iv@gmail.com                                  |                          |                                                      |
| E        | -mail address: (to be used for future a       | nnual report notificati  | on)                                                  |
| For fur  | ther information concerning this matt         | er, please call:         |                                                      |
| Julie So | okol                                          | 561<br>at ( )            | 756-4231                                             |
|          | Name of Person                                |                          | rea Code & Daytime Telephone Number                  |
|          | Mailing Address: Registration Section         |                          | Street Address:<br>Registration Section              |
|          | Division of Corporations                      | Ι                        | Division of Corporations                             |
|          | P.O. Box 6327                                 |                          | The Centre of Tallahassee                            |
|          | Tallahassee, FL 32314                         |                          | 415 N. Monroe Street, Suite 810 allahassee, FL 32303 |
|          | Enclosed is a check for the following         | ng amount:               |                                                      |
|          | ■ \$25 Filing Fee                             | □ \$55 F                 | iling Fee & Certified Copy                           |

INHS18 (2/14)

## 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                     | ame of the limited liability company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e Partners LLC                                                              |                                                                                                                                                                  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| l. (a)                    | 12831 S. Shore Drive, Palm Beach Gardens, FL 33410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (b) 128                                                                     | 831 S. Shore Drive, Palm Beach Gardens, FL 33410                                                                                                                 |
|                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                                                                                    |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                    |                                                                                                                                                                  |
|                           | 09/01/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | L170                                                                        | 000187635                                                                                                                                                        |
|                           | Date of filing/registration in Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                          | Document number                                                                                                                                                  |
| . (a)                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>                                                                     | <u></u>                                                                                                                                                          |
|                           | Registered Agent and Registered Office shown on the records of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the Florida Dept                                                            | . of State:                                                                                                                                                      |
|                           | Registered Office Address (MUST BE FLORIDA STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADDRESSI                                                                    |                                                                                                                                                                  |
|                           | 12831 S. Shore Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | 7a. 20                                                                                                                                                           |
|                           | Palm Beach Gardens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L                                                                           | FILED  2023 AUG -4 PH 1: 33  ALLAHASSEE, FLORIDA                                                                                                                 |
| ۵.                        | Robert J Kanjian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | ASS                                                                                                                                                              |
| (p)                       | Enter name of NEW Registered Agent and/or NEW Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d Office address                                                            |                                                                                                                                                                  |
|                           | The state of the s | a triffic hast can                                                          | OF SHA                                                                                                                                                           |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | : 33                                                                                                                                                             |
|                           | NEW Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | D G                                                                                                                                                              |
|                           | 701 Northpoint Parkway, Suite 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                                                                                                  |
|                           | West Palm Beach,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | L                                                                           | <del></del>                                                                                                                                                      |
| hange<br>gent v<br>/as/we | imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the properties of organization or the operating agreement of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e registered off<br>lability compar<br>of the limited l<br>climited liabili | fice and the business office of the registered<br>ny, it is hereby confirmed that the change(s)<br>liability company or as otherwise provided in<br>ity company. |
| Simm                      | pare of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> ي</u>                                                                   | Printed or typed name of signee                                                                                                                                  |
| nerei<br>rovisi<br>he obl | by accept the appointment as registered agent and agricors of all statutes relative to the proper and complete igutions of my position as registered agent as provide ely reflect a change in the registered office address, I discovered this change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | ——————————————————————————————————————                                                                                                                           |
| Signatu                   | re of Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                                                                                                                  |
|                           | Division of Corporations P.O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | allahassee, FL 32314                                                                                                                                             |
| S18 (2/                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEE: \$25.00                                                                |                                                                                                                                                                  |