117000 190374

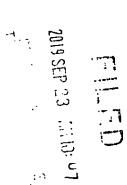
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500334316725

09 23/19--01012--041 **25.00



OCT 08 2019

COVER LETTER

TO: Registration Section Division of Corporations							
Plan 50 Enterprise, LLC.							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
Edgardo Colon							
Name of Person	· 						
Plan 50 Enterprise, LLC.							
Firm/Company	 						
651 SW 158th LN							
Address							
Sunrise, FL 33326							
City/State and Zip Code							
edgardo@plan50ent.com							
E-mail address: (to be used for future annual re	eport notification)						
For further information concerning this matter, pleas	se call:						
Edgardo Colon	754 265-8673						
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 amo	unt:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

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.

Na	me of the limited liability company: Plan 50 Enterp	orise,	LLC.	
(a)	651 SW 158th LN - Sunrise, FL 33326	_ _ (b	65	51 SW 158th LN - Sunrise, FL 33326
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	, 	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	September 8, 2017	-		7000190374
	Date of filing/registration in Florida	4.		Document number
(-)	United States Corporation Agents, Inc.			
(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept.	of State:
	13302 Winding Oak Court A			·
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	2	
	Tampa FL_3	3612		2019 SEP
(b)	Edgardo Colon			SEP
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:	ω i
	651 SW 158th LN			
	NEW Registered Office Address:			
	Sunrise FI 3	3326		
cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of teles of organization or the operating agreement of the line.	ne regis ility co the lim mited l	stered impan ited li iabilit	office and the business office of the register by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
ignat	are of a member or authorized representative of a member			Printed or typed name of signee
ereb visia obli nere ifica	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided p ly reflect a change in the registered office address. I he in writing of this change	to act erforme for in C reby co	in thi ince of Thapte infirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and according for 605, F.S. Or, if this document is being files that the limited liability company has been

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

Signature of Registered Agent