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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Document Number)				
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TALLAHASSEE, FLORIDA

COVER LETTER

TO:	FO: Registration Section Division of Corporations			
SUBJE	SLUMBERLAND LLC			
Name of Limited Liability Company				
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Office	Change and	fec(s) are submitted for filing.	
Please	return all correspondence concerning this r	matter to the f	following:	
KENN	IETH BERLAND			
	Name of Person			3 9 3
SLUM	BERLAND LLC			CSS E
	Firm/Company		_	ASS
2528	CHILTON WAY			High High
	Address		-	ORIC
BERK	ELEY, CA 94704			>
	City/State and Zip Code		_	
slumb	erlandllc@gmail.com			
—— <u>E</u>	-mail address: (to be used for future annua	l report notifi	cation)	
For fur	ther information concerning this matter, pl	ease call:	, s	
KENN	ETH BERLAND	310 at (393-7981	
	Name of Person		Area Code & Daytime Teleph	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
	Enclosed is a check for the following ar	nount:		
	€d \$25 Filing Fee	□ \$5	5 Filing 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.

N a	me of the limited liability company:	ND LLC
(a)	2528 CHILTON WAY	(b) 2528 CHILTON WAY
,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BERKELEY, CA 94704	BERKELEY, CA 94704
	09/13/2017	L17000191067
	Date of filing/registration in Florida LEGALING CORPORATE SERVICES, INC.	4. Document number
(a)	Registered Agent and Registered Office shown on the records of t	
	Registered Office Address	DDRESS)
	FORT MYERS .FL	33907
b)	BENNETT HIRSCHHORN	Office address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1410 MAIN ST	Office address: FLORE TO SERVICE
	NEW Registered Office Address:	
	TITUSVILLE	32796
cha it w /we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida/fimited lia	es of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
erek visio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pentions of my position as registered agent as provided	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ercby confirm that the limited liability company has been