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COVER LETTER

TO: Registration Section Division of Corporations	
	nd Walkier Proporties LL e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Perry West	
Name of Person	
Firm/Company	
D.O.BN 427	
Address	
COCOA FI	32923
City/State and Zip Code	
pd westeatt. ne	t
E-mail address: (to be used for future annu	
For further information concerning this matter,	please call:
Perry West	_a1(321) 636 5804
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	amount:
\$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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STEW OFFICE BOX CTEW OFFICE BOX 10 03 17 Date of filing/registration in Florida Document number 1. TO DO ZO 4376 Document number 1. Registered Agent and Registered Office spown on the records of the Florida Dept. of State: 21 FLORES MUST BE FLORIDA STREET ADDRESS (b) Enter name of NEW Registered Office spown on the records of the Florida Dept. of State: 21 FLORES MUST BE FLORIDA STREET ADDRESS (b) Enter name of NEW Registered Agent and/or NEW Registered Office address STATE OFFI STATE (c) The Initial diability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be referred. Or, in the case of a Florida limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change of changes are made, the Florida street address of the registered office and the business office of the registered agent will be referred. Or, in the case of a Florida limited liability company is not organized under the laws of the state of Florida, it is hereby confirmed that the change(s) was very free admitted by the company of the office and the business of fice of the registered agent and agree to act in this capacity. If mather agree to complex with the provisions of all standars relative to the proper and complete performance of member or anthonized was a provision of all standars relative to the proper and complete performance of member agree to complete with the decay of the proposition of all standars relative to the proper and complete performance of member or anthonized was a fine of spece to act in this capacity. If mather agree to complete with the change of the proposition of all standars relative to the proper and complete performance of member and agree to complete with the change of the p	1. Name of the limited liability company: Huether and W	Palker Roperties Lic		
Registered Agent and Registered Office shown on the records of the Florida Dept, of State: 215 Reward Tec. th 12 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 505 Breward Ave. NEW Registered Office Address: Suita 104 Locor FL 32972 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by ap affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the observating agreement of the limited liability company. Signature of a member or authorized representative of a member of the florida struct in this capacity. I further agree to comptly with the proper and complete performance of my duties. Signature of a member or authorized representative to the proper and complete performance of my duties. And I am familiar with and accept the approxicions of all strauters relative to the proper and complete performance of my duties. So, Or, if this document is being filed to member the street of the proper and complete performance of my duties and tan familiar with and accept the observations of my-position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to member the street of the proper and complete performance that the time deadlers. Hereby control that the limited liability company has been not been proper and complete performance of my duties.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 505 Dreward Ave NEW Registered Office Address: Suita 104 Locor FL 32972 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of member or authorized representative of a member Printed for typed-name of signee 1 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my-position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to percRyfilery a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to percRyfilery a change in the registered diffice address. Thereby contine that the limited liability company has been	3. Date of filing/registration in Florida 4. 5. (a) West Perry P Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	7000'Z04376 Document number		
South 104 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of member or authorized representative of a member Printed or typed hame of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the objections of my-position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merelly reflect a change in the registered office address, I hereby confirm that the limited liability company has been	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	18 SEP		
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	Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60 to merely reflect a change in the registered office address. I hereby confirm that	Printed or typed hame of signee Procepts I further cores to comply with the		