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





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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: PE3 COMM	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	is matter to the following:		
SONJA HALL Name of Person			
RE3 COMMUNITY Firm/Company	DevelorMent PLLC		
20851 JOHNSON ST	Tree # 113		
Pembroka Pines FL City/State and Zip Code	33029		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, p			
SONJA HALL	at (954) 309-0031 Area Code & Daytime Telephone Number		
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 Tallahassec, 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 l'ability company submits the following statement in order to change its registered office or registered agent, or both in the State of

I M carrier and a	
1. Name of the limited liability company: 2= 3 C	
2. (a) RE3 COMMUNITY Developmen	ut (b) It 3 COMMUNITY LEVELOVINE
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liab lity company: (Note: MAY BE POST OF TICE BOX)
20551 Johnson ST	20851 Johnson 55 #113
# 113 Pensione Pines Fi 33529	L Penylono la Pines FL 3302
JOI 312017 Date of filing/registration in Florida	L17440244848
5. (a) HALL SONTA	. Document number
Registered Agent and Registered Office shown on the records of the	Florida Dent. of State
Registered Office Address (MUST BE FLORIDA STREET AD	007
3131 NW 86 Ave	COLD ADDRESS
Scinciae, FL_	
(b) HALL SONIA	, ω
Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:
HALL SONTA	
NEW Registered Office Address:	- C New ADDIELS
20851 Johnson 5- #11	3
Peninsvola Pinen FL	33029
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	lity company, it is hereby confirmed that the change(s)
51/25	Printed or typed name of signer
Signature of a member or authorized representative of a member	Printed or typed name of signer
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I here notified in writing of this change.	to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm 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