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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	ly



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TO: **Registration Section** Division of Corporations

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

State and Zip Code

E-mail-address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (_

Name of Person

STREET/COURIER ADDRESS: **Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Elorida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

INHS18 (2/14)

Area Code & Daytime Telephone Number

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compa submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

rioriaa		10		
1. Na	me of the limited liability company:	<u> </u>		
2. (a)	YE JEFFREY B. IKEN (b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	i Z TITITE VIA CE O	(Hole, MAT DL TO	<u>si orrici</u>	<u>. DO.</u> ()
	$\frac{13}{11}$			
	SCOTTEAGLE, AS 20104 85254			
11/1	17 Matorso L	17000:	219	78
3.	Date of filing/registration in Florida 4.	Document number		,
5. (a)	JEFFREY B. L.KEN	-		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ite:		
		_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	<u>13/1/70. jucca DI</u>	_		
	Scott Sdale, AZ. FL85259	_		
(b)	STEPHEN DITKEN		149 J	
	Enter name of <u>XEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		КU	
	204 Sunset BAY CT.		<u>م</u>	
	<u>NEW</u> Registered Office Address:		U E	
		_	651	
1	Am Brach Garden 5. FL 33418		0-	
If the li	mited liability company is not organized under the laws of the State of F	lorida, it is hereby c	onfirmed t	ihat after
	nge or changes are made, the Florida street address of the registered offic vill be identical. Or, in the case of a Florida limited liability company, it			
was/we	re authorized by an affirmative vote of the members of the limited liabili	ty company or as ot	herwise pr	rovided in
the arti	cles of organization or the operating agreement of the limited liability co	mpany.	1	VER
Signat	uncertain and the second secon	Printed or typed name	of signee	
I hereb	by accent the appointment as registered agent and agree to act in this car	pacity. I further agr	ee to com	olv with th
provision the oblication of the provision of the provisio	ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address. I hereby confirm that	duties, and I am fai 5, F.S. Or, if this do t the limited liability	niliar with ocument is ocompany	i and acce being file has been

notified in writing of this change

STEPHEN D. IKEN

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

INHS18 (2/14)