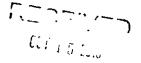
(Red	questor's Name)							
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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Tantasy House Name of Lin	RUDISHING mited 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:							
Alexandra Coleman Name of Person							
Fantasy House Publishing Firm/Company							
7441 Albany Road							
FORT Myers, FL, 33967  Oity/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please of	call:						
Name of Person at (	941 ) 284 – 9476 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						

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

1.	Na	me of the limited liability company: _	Fantas	1 H	sur	Publ	18hing	
2.	(a)		DQQ -	) <sub>(b)</sub> _			O	
	,	Principal office address of limited liab		(**) _		_	limited liability co	
		208 woodinghic	am Trail	_	742	11 A11	oany i	<u>3009</u>
		Venice, FL, 34.	292	<u>-</u>	Fort	Myers	, FL,	3396
3.		OCLOVEC 31, 21  Date of filing/registration in I	Florida	<b>-</b> -4.	<u>L17</u>	56022 Document nun	5158 lber	
5.	(a)	Registered Agent and Registered Office shown	OFPOTO-1100 n on the records of the	1 /2 ( Florida D	epi, of State:	Inc		
		Registered Office Address (MUST BE FLA	ORIDA STREET ADI	ORESS)	·^		2017 S S	
		15303 MINAING	Wik Lou	$\frac{1}{2}$	<u>F</u>		2018 OCT 15	77
		1 ampa	, FL	3.51	01g		* _ *'.	-
	(b)	- Alexandra Col	Leman	Can nelelec			SSEE SEE	
		Enter name of <u>NEW Registered Agent</u> and/or	Mr. W Registered On	ice addire	<u>335</u> .		STATE E.FL	,
		NEW Registered Office Address:		· <del>··</del>				
		7441, Albany	Road					
		Fort Myers	, FL	33°	167			
the age was the	cha ent w s/wc arti	imited liability company is not organize inge or changes are made, the Florida's will be identical. Or, in the case of a Flere authorized by an affirmative vote of cles of organization or the operating ag ture of a member or authorized representative of	treet address of the orida limited liabil f the members of the greement of the lim	registe lity com ne limite	red office a pany, it is led liability bility comp	and the busine nereby confirm company or a	ess office of the ned that the chas otherwise pro	registered ange(s)
pro the to r	visi obl. nere	by accept the appointment as registered ons of all statutes relative to the prope igations of my position as registered a ly reflect a change in the registered of in writing of this change.	r and complete per	rforman	ce of my di	aies and Lan	ı Tamiliar with	and accept
,	17	how I's To						

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

Signature of Registered Agent