## L17000228747

(F	Requestor's Name)					
(A	Address)					
(A	Address)					
(C	City/State/Zip/Phone #	)				
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(B	Business Entity Name	)				
(Document Number)						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	Eastern States Homes LLC	;		
		ne of Limited Liz	ability Company	
Dear Si	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the f	following:	
Hecto	or Hemandez Jr.			
	Name of Person	<del></del>	<del></del>	
Easte	ern States Homes LLC			
	Firm/Company		_	
4931	Southfork Ranch Drive			
	Address		···	
Orland	do, Fl 32812			
	City/State and Zip Code		_	
mcy8	228@hotmail.com			
E	-mail address: (to be used for future ann	ual report notific	cation)	
For furt	ther information concerning this matter,	please call:		
Hecto	or Hemandez	407 at (	476 1896 	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:	
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building		. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tail	ahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	\$25 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy	
INHS18	3 (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:	Eastern States	s Hom	es LLC				
2.	(a)			(b	)				
		Principal office address of limited lia (Note: MUST BE STREET A	bility company:	• `	1	Mailing address of li			
		4931 Southfork Ranch Drive,	Orlando, 3281	2	611 N. N	Milfs Ave #536	984, Orl	ando, 32	<b>85</b> 3
		11/06/2017		_	L170002	228747		<del></del>	
3.		Date of filing/registration in	Florida	4.		Document num	ber		
5.	(a)	Registered Agent and Registered Office show	vn on the records of th	e Florida	Dept, of State	 e:			
		Registered Office Address (MUST BE F.	LORIDA STREET AI	DDRESS	2	-			
		7901 4th St N Suite 300				_			
		St. Petersburg, FI	, FL_	3702	<u>_</u>	_			
(b)	(b) _	Enter name of NEW Registered Agent and/	or <u>NEW Registered C</u>	Office add	dress:	-	2019 NOV 14 7557		
		Hector Hernandez				-	40 <i>%</i>	-	
		NEW Registered Office Address:				•	7.	and the second s	
		4931 Southfork Ranch Drive				- :	.5		
		Orlando	, FL	32812		5 2	1111:0	5	
the ago wa the	char ent w s/wei artic	mited liability company is not organing or changes are made, the Florida ill be identical. Or, in the case of a Fre authorized by an affirmative vote of a forganization or the operating at the of a member or authorized representative	street address of the light of the members of the light of the light of the light of the light of a member	he regis pility co the lim mited l	stered office impany, it is ited liability iability con ctor Hema	e and the busines is hereby confirm y company or as apany. andez Printed or typed na	s office of ed that the otherwise	f the registe e change(s) provided i	ered ) in
pro the to r not	visio obliz nere ified	y accept the appointment as registered in sof all statutes relative to the properties of my position as registered of the registered of the writing of this change.	ed agent and agree er and complete p agent as provided office address, I he	e to act erforma for in C ereby co	in this cape ance of my e Chapter 605 onfirm that	acity. I further a duties, and I am j , F.S. Or, if this the limited liabil	gree to co familiar w document ity compa	omply with with and ac t is being fi ny has bee	the cept iled n

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