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19 APR 15 PH 15 878 SECRETARY OF STATE FALLAHASSEE, FLORIDA

APR 22 2019

T SCHROEDER

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Charge of Hodge Name of	Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
Name of Person							
Name of Person	<del></del>						
Whinkound Country Day	めひゃく						
Monsonal Capital Part Firm/Company							
371 Venus Que							
Address	<del></del> _						
Togues a FL 33469 City/State and Zip Code							
Myeide montstreetch. Cor E-mail address: (to be used for future annual r	eport notification)						
For further information concerning this matter, plea	se call:						
Morich Pix							
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
♥ \$25 Filing Fee	S55 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	nme of the limited liability company: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	vial Con	intel Par	Aners	
	271 Johns Cuc  Principal office address of limited liability company:	(b) <u>-25-7</u>	1 Vanus	Que	
	(Note: MUST BE STREET ADDRESS)		Mailing address of (Note: MAY BE	-	•
	Toquesla, FL 33469	- Joqu	iosta Fi	3341	( <u>a</u> C)
	Navomber 10, 2017	<u> </u>	170002	33470	`
3.	Date of filing/registration in Florida	4.	Document num	nber	
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of S	 State:		
	162 (at Rock lone	, , , , , , , , , , , , , , , , , , ,			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
		- <u>-</u>			
	· Jupiter , FL	33458	<del></del>		
(b)	Morialy Rad			IAS 1	
, ,	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	<u> </u>	9 AF ECRA	
	371 lemas Que			APR 15	<u>≃</u>
	NEW Registered Office Address:			PA PA	<u>:</u>
				E TAIR STAIR	D
	tomata	907769	-45	00 A	
10.1 1	, FL	<u> </u>			
the cha	mited liability company is not organized under the law nge or changes are made, the Florida street address of t	he registered off	fice and the busine	ess office of the	ne registered
was/we	vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of	the limited liabi	ility company or a	ned that the c s otherwise p	hange(s) rovided in
the arti	cles of organization or the operating agreement of the l	_		۵)	
Signal	ure of a member or authorized representative of a member	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Printed or typed i	name of signee	<del></del>
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had tin writing of this change.	e to act in this c	anacity I further	agree to com	ply with the h and accept s being filed has been
,	The aft 1				

Signature of Registered Agent