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Office Use Only



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DEC 18 2017

COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·		
SUBJECT: ANGLY ILLAND STANDS Name of Lim	PH LES LLC ited 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 Wall 1(+AL) Stallar LLC			
Firm/Company			
10 18 PHEIPS CT. Address			
City/State and Zlp Code LimeNun State and Zlp Code Remail address: (to be used for juture annual report notification)			
For further information concerning this matter, please call:			
MICHAEL E. PAGE at (904), 403—4448 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 Tallahassee, 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 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: MORT DOSA) SERVICES LLG
2. (a)	M8 Phelos of bulanville, The (6) 20 S	with Lucine W March
	Principal office address of limited liability company: 3220 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/13/2017	00234212
3.	Date of filing registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shows on the regards of the Florida Dept. of State	
	525 HWY 40 FOR	•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	The hat
	Salvarde 2150	7 Of 1
	, FL) LEC	SS AT DE
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	5 E □
	Victory M + State O	—————————————————————————————————————
	NEW Registered Office Address:	32
	1018 Phelps et	
	at Constitution of Service	
If the h	imited/liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
agent y	inge of manges are made, the Florida street address of the registered office the dentical. Of in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
the art	rotauthorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability don	y company or as otherwise provided in inpany.
Signal	nute of a namber of authorized representative of a member	Printed or typed name of signee
herei provisi	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605	acity. I further agree to comply with the duties, and I am familiar with and accept
to mere	igations of my position as registered agent as provided for in Chapter 605 ly reflect a change in the registered office address, I hereby confirm that it I in writing of this change.	, F.S. Or, if this document is being filed the limited liability company has been
$-\int J_{1}J_{2}$	4614	

Signature of Registered Agent