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(Requestor's Name)
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COVER LETTER

Division of Corporations						
SUBJECT: JOUNG'S ICL Name of Lim	Endea vors					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Cori Shanna Joung Name of Person Young's I we Endeavour Firm/Company						
411 Dillard Drive SE						
Falm Bay, 71 32909 City/State and Zip Code	<u>.</u>					
E-mail address: (to be used for future annual repor	om					
For further information concerning this matter, please ea	all:					
Cori Vounce at (3)	21) 831-0094 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)

13 BEC 12 FM 2: 67

. 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: \(\frac{1000 GS}{}	Ia	End	eavors	<u>, </u>		
2. (a)	411 Dillard Dr SE	(b)	411	Dillard	or S	<u>.</u> E	
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , ,		lailing address o	of limited liabi	lity com	
	Palm Bay 71 32909	-	Palm	Bry	71 3		_
	Third Island	<i></i> #	(3.17)	Dig (_1.1		
		-					
	12/21/17	<u>_</u>	170)0025	9813	<u> </u>	
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	United States Corporation Agent						
	Registered Agent and Registered Office shown on the records of the	: Florida Depi	t. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)					
	13302 Winding Dak Ct Suit	-					
	Tampa .FL	_	1.2			x	
	^ \	<u></u>				(C)	·.
(b)	Cori Shannon Young					: 3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address	;			TQ.	
	411 Dillard Dr. SE					.;9);;;; (18
	NEW Registered Office Address:					7.7	
							.5
	Data Ray	3290)9				
							
the cha	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th	ie registere	d office	and the busin	ness office (of the r	egistered
agent was/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the	ility compa the limited	any, it is liability	hereby confi company or	rmed that that the as otherwise	ne char se prov	ige(s) ided in
\wedge	eles of organization or the operating agreement of the lin	_	-		7	•	
Signat	ure of a member or authorized representative of a member	<u> (, t</u>) <u>rı</u>	Shknow Printed or typed	フロステム I name of sign	lee	
1 herel	ov accept the appointment as revistered avent and avree	to act in to	his capa	city. I furthe	r agree to c	comply	with the
the obli	ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j by reflect a change in the registered office address, I he	for in Chap reby confir	ter 605, m that t	F.S. Or, if t he limited lia	m jamina his docume bility comp	nt is be any ha	ing filed s been
notified	Tin writing of this change.	· · · · · · · · · · · · · · · · · · ·			<i>∵</i> - ···· <i>γ</i>	<u>.</u>	
Signatur	e of Registered Agent						