## 117000262913

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Pusiness Entity Name)						
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FILED 19 APR 18 AN 7:1

APR 2 7 2019 S. YOUNG

## COVER LETTER

	Registration Section Division of Corporations						
SUBJE(	3453 ACAPULCO CIRCLE, LLC						
BOD, E		ne of Limited 1.	iability Company				
Dear Sir	r or Madam:						
The enc	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning th	is matter to the	following:				
Anthor	ny Free						
	Name of Person						
	Firm/Company		<u> </u>				
12142	Honeysuckle Rd						
	Address	-	<del>_</del>				
Fort M	lyers, FL 33966						
	City/State and Zip Code						
anthor	nyfree@outlook.com						
Е-	mail address: (to be used for future am	nual report noti	fication)				
For furt	her information concerning this matter.	, please call:					
Anthor	ny Free	239 at (	478-8830				
	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		Re D P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	closed 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.	Name of the limited liability company: 3453 ACAPUL	-CO C	IRCLE, LL	<u>.C                                    </u>
2. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  12142 Honeysuckle Rd	_ (b	)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Fort Myers, FL 33966	<del>-</del>		
	12/27/2017		L1700026	52913
3.	Date of filing/registration in Florida	4.		Document number
(b)	ANTHONY FREE	33966		19 APR 18 AM 7: 13
	NEW Registered Office Address:  12142 HONEYSUCKLE RD			
		33966		
the cagen wash the a Sig I her prove the o to me notif	limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the law trees authorized representative of a member reby accept the appointment as registered agent and agreeisions of all statutes relative to the proper and complete policy accept the appointment as registered agent as provided prely reflect a change in the registered office address. I have the proper and complete policy reflect a change in the registered office address. I have the proper address of this change.	the reging the line of the limited lim	stered office ompany, it is nited liability con Anthon	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Printed or typed name of signee  activ. I further agree to comply with the