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Office Use Only

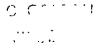


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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Co	orporations		
Clear F SUBJECT:	aith Publishing, LLC		
SUBJECT.	Nan	ne of Limited	Liability Company
Dear Sir or Madam:			
The enclosed Register	ed Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.
Please return all corre	spondence concerning th	is matter to th	e following:
James J. Knipper			
	Name of Person		
	Firm/Company		
781 Caxambas Di		···	
	Address		
Marco Island, FL	34145		
C	City/State and Zip Code	· -	
jim.knipper@gma			
E-mail address:	(to be used for future and	nual report not	ification)
For further information	on concerning this matter,	please call:	
James J. Knipper		at (902-2163
Name	e of Person		Area Code & Daytime Telephone Number
Registration S Division of C Clifton Build	orporations ing ve Center Circle	F (MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a	check for the following	g 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.

a)	nne of the fimited fiability company: Clear Faith Put 781 Caxambas Drive, Marco Island, FL 34145		π. 781 Caxambas Γ	Prive, Marco Island, FL 34
a <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Mailing addre	ss of limited liability company: Y BE POST OFFICE BOX)
	*Above address is the new/current principal			s the new/current mailing
	office address.		address.	<u></u>
	01/02/2018		L18000000993	
	Date of filing/registration in Florida	4.	Document	number
(a)				
,	Registered Agent and Registered Office shown on the records of the James J. Knipper	Flor	rida Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>DRI</u>	ESS)	
	100 Stevens Landing Drive, Unit 206			2015
	Marco Island .FL 34145		45	2019 B=C 18
	, FL,			- "
)				
	Enter name of NEW Registered Agent and/or NEW Registered Of	lice	nddress:	PM
	James J. Knipper			3: 09
	NEW Registered Office Address:			\mathfrak{G}
	781 Caxambas Drive			
	Marco Island , FL 34	114	15	
VCI	nited liability company is not organized under the laws or or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability cauthorized by an affirmative vote of the members of the organization or the organize agreement of the limited of the limited liability.	of the reg lity (ne li nitec	he State of Florida, it is he gistered office and the bus company, it is hereby con	firmed that the change(s)
rlic	ire of a member or muliorizant intraspondive of a member			ed name of signee
iotu				er agree to comply with the

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