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Ra Change

COVER LETTER

Division of Corporations	
VAUGHAN WOODS, LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Christy Voughan	
Christy Vaughan Name of Person	
Vaughan Woods, LLC	
Firm/Company	20 AUG 11
3917 Greenbush East Road	
Address	 □
Mount Orab, OH 45154	
City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
Christy Vaughan 863 at (3 500-1118
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed 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.	No	nne of the limited liability company: VAUGHAN WOO	DDS, L	LC	•		
2	(a)			(h)		
	11.7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,,,	Mailing address of limited liabil (Note: MAYBE POST OFF		•
		3917 Greenbush East Road			3917 Greenbush East Road		
		Mount Orab, OH 45154	_		Mount Orab, OH 45154		
		01/16/2018		I	L18000013366		
3.	()	Date of filing/registration in Florida HARRY O HENDRY	- -4.	_	Document number	,	
5. (ε	(8)	Registered Agent and Registered Office shown on the records of Hendry Law Firm, P.A.	the Flor	ida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET / 2164B W. FIRST ST.	<u>(DDRE</u>	SS			٠
		Fort Myers , FL	33901			20 A	<u> </u>
	(b)	Luke Johnson				ALIG 1	25A 45A
	(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ado	dress:		325
		Sunshine State Law, PLLC				811:118	- 유유 - 유유 - 유유
		NEW Registered Office Address:				~	AE AE
		2125 Victoria Avenue) !
		Fort Myers, FL	33901				
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the la	ere co im	ed office and the business office of the mpany, it is hereby confirmed that th ited liability company or as otherwise	e registe e chang	ered c(s)
(ture of a member or authorized representative of a member	Cl	hri:	sty Vaughan		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of sign	20	
pro the to	ovisi 2 obl mer	by accept the appointment as registered agent and agricology of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I lid in writing of this change.	ee to a perfor d for it hereby	ict ma i C co	in this capacity. I further agree to co ince of my duties, and I am familiar v Thapter 605, F.S. Or, if this documen infirm that the limited liability compa	omply w vith and t is beir ny has	rith the l accept 1g filed been
Si	gnatu	te of Registered Agent					