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## **COVER LETTER**

TO:	Registration Section Division of Corporations	•						
SUBJI	UBJECT: LEGENDVEST LLC							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.					
Please	return all correspondence concerning the	nis matter to the fo	llowing:					
Court	ney Gavin							
	Name of Person		-					
LEGE	ENDVEST LLC							
	Firm/Company		-					
4781	N Congress Ave #1140							
	Address	· · · · · ·	-					
Boynt	ton Beach Fl 33426							
	City/State and Zip Code		•					
court	ney@legendvest.com							
E	E-mail address: (to be used for future an	nual report notifica	ation)					
For fur	rther information concerning this matter	, please call:						
Court	ney Gavin	404 at (	731-4737					
	Name of Person	, <u>-</u>	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:								
			stration Section					
	Division of Corporations  Division of Corporations  Division of Corporations							
Clifton Building P.O. Box 6327								
	2661 Executive Center Circle Tallahassee, Florida 32301	i ana	hassee, Florida 32314					
	Enclosed is a check for the following amount:							
■ \$25 Filing Fee			Filing Fee & Certified Copy					

ç:

## 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.

l. N	ame of the limited liability company:	ST LLC				
2. (a)	4781 N Congress Ave #1140	(b) 4781	N Congress Ave	#1140		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Boynton Beach, Fl 34426	Boynt	on Beach, Fl 3442	<u>?6</u>		
	01/16/2018	L18000	0014083			
3.	Date of filing/registration in Florida	- <sub>4.</sub>	Document numbe	er		
<b>5</b> (a)	Dessiree I Troncoso					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)				
	127 W Fairbanks Ave #281					
	Winter Park FI	32789	<del></del>			
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	-	Σός <b>23</b>		
(D) .	Courtney Gavin		<del></del>	ALES A		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					
	Courtney Gavin			SSER		
	NEW Registered Office Address:	·	<del></del>	29 <b>a</b> m		
	4781 N Congress Ave #1140			S TATE		
	Boynton Beach	34426				
			<del></del>			
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liest authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered off ability company, in the limited liability of limited liability of	fice and the business of it is hereby confirmed ility company or as of company.	office of the registered I that the change(s) therwise provided in		
Signal	ture of a member or authorized representative of a member		Printed or typed name	e of signee		
	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I lift in writing of this change.	ee to act in this c performance of n d for in Chapter t hereby confirm th	apacity. I further agr ny duties, and I am far 105, F.S. Or, if this do at the limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been		
Signatus	re of Registered Agent					