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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations	• ·	
SUBJ	ECT:Od	din Holdings, LLC	
	Name	of Limited Liability Company	
Dear S	Sir or Madam:		
The c	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
	Christopher D. Campione		
	Name of Person		
	Campione Law P.A.		P
	Firm/Company		1933 DCT
	3200 Emerson Street		-5
-	Address		シ
	Jacksonville, FL 32207	5.2	ا 10 ئا ئا
	City/State and Zip Code		Ð
	CC@campionelawpa.com E-mail address: (to be used for future annua	al raport natification)	
For It	arther information concerning this matter, p	nease can:	
	Christopher D. Campione		
	Name of Person	Area Code & Daytime Telephone N	lumber
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following a	amount:	
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State (Florida

	me of the limited liability company: Odin H							
2. (a) ₋	4162 Hickory Street, Macclenny, FL 32063 Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(b) 4162 Hickory Street, Macclenny, FL 32063 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
							<u>.</u>	
	2/5/2018			L1800003				
3.	Date of filing/registration in Florida		4.	Document	number	•		
5. (a)	Jesse S. MCintyre, P.A.				;	P 7,		
, (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State							
					•	130	च	
						1		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					C)	© Çörçiye	
	105 Solana Road, Suite B					シ	1 14	
	Too Bound Rolled, Saile 17				: .	ليب		
	Ponte Vedra Beach	_, FL	32082		3400 A	ھ ئ		
(b)	Christopher D. Campione							
(17)	Enter name of NEW Registered Agent and/or NEW Regis	tered Of	fice <u>address</u> :					
	NEW Registered Office Address:							
	NEW Registered Office Address: 3200 Emerson Street			_				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acceptus obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being files to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signapare of Registered Agent