(Requestor's Name)					
(Address) (Address)	400335289814				
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Certified Copies Certificates of Status	TALLAHA SLUFE				

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TO: Registration Section Division of Corporations

## 1001 N BENEVA ROAD LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan S. Shipp

Name of Person

Law Office of Ryan S. Shipp PLLC

Firm/Company

814 W. Lantana Road, Suite 1

Address

Lantana, FL 33462

City/State and Zip Code

ryan@shipplawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan S. Shipp	561	699-0399
	at (	)
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

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF 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, 114	me of the limited liability company:							
2. (a)	1921 S. Dixie Hwy		(b)		Dixie Hwy			
	Principal office address of limited lia ( <u>Note: MUST BE STREET A</u>	bility company:		М	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	West Palm Beach, FL 33407		_ ·	West Pa	Im Beach,	FL 334	07	
	02/06/2018		I	L1800003	32509			
3. 5. (a)	Date of filing/registration in Adam R. Seligman, Esq.	Florida	- <u> </u>		Document ni	umber		
<i></i>	Registered Agent and Registered Office show 4420 Beacon Circle	on the records of t	the Florida I	Dept. of State:	:	Dicit TA	2019 OCT	
	Registered Office Address (MUST BE FI	LORIDA STREET A	(DDRESS)				OCT 15	
	West Palm Beach		33407			L/III/J.Jon Ta		
(b)	Law Office of Ryan S. Shipp F					•т	AH 11: 05	`- <u>c</u> 4
	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered</u>	Office add	ress;				
	814 W. Lantana Road							
	<u>NEW</u> Registered Office Address: Suite 1							
	Lantana	FL	33462					
the cha agent w was/w	mited liability company is not organi nge or changes are made, the Florida vill be identical. Or, in the case of a l re authorized by an affirmative vote of les of organization or the operating a	street address of florida limited lia of the members o	the regist ability cor of the limit limited lia	ered office npany, it is ted liability	and the busi hereby conf company or pany.	ness offi	ice of tl at the c	he registere hange(s)
Signat	ure of a member or authorized representative	of a member			Printed or type	d name of	signee	
provision the oblition the	w accept the appointment as register ons of all statutes relative to the prop equions of my position as registered a twefleck a change in the registered of l'inwriting of this change.	ed agent and agr er and complete agent as provided office address, 11	vee to act i performa d for in Ci hereby coi	n this capa nce of my d hapter 605, yfirm that t	icity. I furthe luties, and I a F.S. Or. if he limited lia	er agree am famil this docu ability co	to com liar with iment is impany	ply with the h and accep s being filed has been

FILING FEE: \$25.00

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