## L18000033516

(Requestor's Name)						
(Address)						
(Address)						
y/State/Zip/Phone	: #)					
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates	of Status					
Special Instructions to Filing Officer:						
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nam  cument Number)  Certificates					

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		190728	?
	1902 PALM ACRES DRIVE	LLC	ري چ	)
SUBJ	ECT:	ne of Limited Li	ability Company	4
		ic of Limited Li	ability Company	
Dear !	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to the f	following:	
Rya	n S. Shipp			
	Name of Person		_	
Law	Office of Ryan S. Shipp PLLC			
	Firm/Company	<del></del>	<del>_</del>	
814	W. Lantana Road, Suite 1			T. T.
	Address			
Lan	tana, FL 33462			
	City/State and Zip Code			
ryar	n@shipplawoffice.com			
	E-mail address: (to be used for future ann	ual report notifi	ication)	
For fu	irther information concerning this matter,	please call:		
Rya	n 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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	₹ \$25 Filing Fee	<b>□</b> \$5	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.

Nai	me of the limited liability company:			
(a)	1921 S. Dixie Hwy	(b	1921 S.	Dixie Hwy
```	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	N	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33407		West Pa	ılm Beach, FL 33407
	02/07/2018		L1800003	33516
(a)	Date of filing/registration in Florida Adam R. Seligman, Esq.	- 4.		Document number
(4)	Registered Agent and Registered Office shown on the records of 4420 Beacon Circle	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>.                                    </u>	<b>19</b>
	West Palm Beach	33407		19 OCT 28
(b)	Law Office of Ryan S. Shipp PLLC		SOME SECTION	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:	G E
	814 W. Lantana Road			5 %
	NEW Registered Office Address: Suite 1			
	Lantana Fi	33462		
ent w ent w	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited literative authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis lability co of the lim limited l	tered office mpany, it is ited liability	and the business office of the registers shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
ovisie e obli me <del>ve</del>	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I thin writing of this change.	r nerform	$mce$ of $mv$ $\epsilon$	huies, and I am familiar with and acce

Signature of Registered Agent