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2019 FEB II A 7 II

## **COVER LETTER**

Division of Corporations	
	ac CCS ed 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:
Meghan Landry Name of Person	
Fresh Faces and Places Firm/Company	ZIIS FEB 11
200 NE 7 <sup>th</sup> Ave #2 Address	A TI 18
Fort Lauderdale FL 333 City/State and Zip Code	77
meglandrywittes eginail. (Or E-thail address) (to be used for future annual report	notification)
For further information concerning this matter, please call	<b>1</b> :
Mediyin Landiy at (	78 ) 846 3178  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

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,

i.	Na	me of the limited liability company: <u>FYESh</u> FG	CCS (	and P	Maces .	_		
2.		20 NE THE AVE # 2  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_200	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Fort Lauderdale FL 3330	<u> </u>	FORT	Laurierdale	2 FL	33301	
3.		2/5/19 Date of filing/registration in Florida	4.	L180	OOO3444	2		
5.	(a)	Cheyenne Moselty  Registered Agent and Registered Office shown on the records of the Linited States COV DOV OTION A Registered Office Address (MUST BE FLORIDA STREET A)						
		13302 Winding Oak Court Tampa .FL	<u>-</u> -A		، کشتید		77	
ı	(b)	Megnan Landon Enter name of NEW Registered Agent and/or NEW Registered C  200 NE 7th Ave #2  NEW Registered Office Address:	Office add	ress:	FLORIDA			
		Fort Lauderdale , FL	<u>33</u> 1	301	_			
the age was	char nt w s/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liab	he regist oility con the limi	ered offic npany, it i ted liabilit	e and the business o is hereby confirmed ty company or as oth	ffice of t that the o	he registered change(s)	
I h pro the to n not	ereh visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C ereby co	in this can	Printed or typed name pacity. I further agree duties, and I am fan 5, F.S. Or, if this do the limited liability	of signee ee to com	iply with the h and accept s being filed has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00