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(Cit	ty/State/Zip/Phone	· #)				
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SECRETARY OF STATE
DIVISION OF OUR FORATION
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: YOUR TREASURE HOUSE					
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:					
JOSEPH F. BERZHARD					
Name of Person					
YOUR TREASURE HOUSE					
Firm/Company					
303 301 BOULEVARD WEST VHIT 501A					
Address					
BRADENTOH, FL.34205					
City/State and Zip Code					
YTH(3031NFORGMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JOE BEREIHARD at (941) 812 0588 Area Code & Daytime Telephone Number					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
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.

1 Na	ume of the limited liability company:	TREAS	URE I	MOUSE	
2. (a)		(b			
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	::	,N	Mailing address of limited lize (Note: MAY BE POST O	
	303 301 BOULEVARD WEST V	HIT SOLA	203 a		
	BRADENTUN, FL 34205				·
	Plane 4 100, 16.3-1203		BIAGE	270H, FL.34	203
	02/23/2018		L1800	0049640	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					.
	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State	:	. 9
	JOSEPH F. BERYHARD				6 ≨8
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS	1		MAR
	1507 18TH AV. DR. EAST				
	PAIMETTO	FI 342	21		300
	<u> </u>	_, 113			ANII: 19
(b)					
` ′	Enter name of NEW Registered Agent and/or NEW Registered	tered Office add	lress:		一
	JOSEPH F. BERNHARD				
	NEW Registered Office Address:		_		
	303 301 BOULEVARD WEST	NHILZ	OIA		•
	BRADET1294	, _{FL} 3420	5		
If the li	imited liability company is not organized under th	e laws of the	State of Flo	orida, it is hereby confi	rmed that after
the cha	inge or changes are made, the Florida street address	ss of the regis	tered office	and the business offic	e of the registered
was/we	vill be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the memb	ers of the lim	ited liability	company or as otherw	vise provided in
theparti	cles of organization or the operating agreement of	f the limited l	iability com	ipany.	•
4	P	<u> </u>	SEFIH 4	Printed or typed name of si	
_	ture of a member or authorized representative of a member				
provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as proely reflect a change in the registered office address in my iting of this change.	l agree to act blete perform wided for in (ss, I hereby co	in this cape ince of my c hapter 605 infirm that i	ncity. I further agree to duties, and I am familio , F.S. Or, if this docun the limited liability con	o comply with the ir with and accept ient is being filed ipany has been
Signatu	re of Registered Agent	_			