## 480000 64396

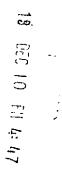
(R	equestor's Name)	
(A	ddress)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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O SIMMONS DEC 15 2018

## COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: CayoMadness, LLC 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:				
Christine Mills Name of Person	<del></del>				
Crave Wadness LLC Firm/Company					
19620 Back Nine Drive Address					
Buca Raton FL 33498 City/State and Zip Code					
E-mail address: (to be used for future annual repor	t notification)				
For further information concerning this matter, please ca	all:				
Christine Mills at (8) 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				

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. N	ame of the limited liability company:	110		
2. (a)			Back Nine	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		address of limited liability co : MAY BE POST OFFICE I	
	Boca Raton, FL 33498		aton, FL 3	
2	3/12/18 Date of filing/registration in Florida  4.		064396	
3.	0	Docu	ment number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida	Dent of States		
	Registered Agent and Registered Office shown on the records of the Fronda	Dept. of State.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	19620 Back Nine Drive			
	Boca Rato		90	
		110	5	
(b)	Garfield Mills		-n 12	
	Enter name of NEW Registered Agent and/or NEW Registered Office add	ress:	ar e e	
	19620 Back Wine Drive NEW Registered Office Address:	<del> </del>	47	
	Buca Raton FL 68863	3498		
	10000 10001 FC	110		
	, FL			
the chagent	limited liability company is not organized under the laws of the ange or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability covere authorized by an affirmative vote of the members of the limited	tered office and t mpany, it is herel	he business office of the by confirmed that the cha	registered ange(s)
	ticles of organization or the operating agreement of the limited li	ability company.	-	
Sign	during the state of a member of a member	Christine Printer	Mulls d or typed name of signee	
I here provis the ob to mer	cby accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performaligations of my position as registered agent as provided for in Celv reflect a change in the registered office address, I hereby cord in writing of this change.	in this canacity	I further agree to comp	ly with the and accept being filed as been

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