L18000071642

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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 1137 1444	Promise II. A
	the of the filmhed habitity company.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 14913 Leopard Creek Place Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lakeword Ronch Fr 34202 Lakeword Ranch Fr 34202
	3/14/2019 L1800071642
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Tampa FL 33V12 Krishn Daughery Enter name of NEW Registered Office address: 14913 Ledpard Creek Place 14913 Ledpard Creek Place
	NEW Registered Office Address:
	Lakewood Ranch FL 34202
the cha agent was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in toles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signet
I here provis the ob to mer notifie	Printed or typed name of signed and agree to act in this capacity. I further agree to comply with the jons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed light of the registered office address. I hereby confirm that the limited liability company has been ad in writing of this change.
Digimi	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
NHS18 (3	FILING FEE: \$25.00

INHS18 (2/14)