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To:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : GUNSTER,YOAKLEY & STEWART,P.A. Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

6 AM ID: 29	 Email Address: LLC REGISTERED AGEN BYO OPERATIONS			
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GUNSTER YOAKLEY

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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.

		(b)			
(b)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
RR 81, Box 1776			<u>RR 81, Box</u>	1776	
Koshkonong, MO 65693		. <u> </u>	Koshkono	ng, MO 65693	
04/02/2018			L18000081	033	
Date of filing/registration in Flor	ida	4.	Document nur	nber	
Registered Agent and Registered Office shown on					
		AUS			
Kenneth A. Duke, Jr. Registered Office Address <u>MUST BE FLORI</u>	TA STREET AD	DRESS)			
1201 U.S.Highway One, Suit	e 350				
North Palm Beach	, FL	33408	<u>_</u>	<u>ب</u> ب ب	
Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered O	ffice address:			
NEW Registered Office Address:					
924 Pompano Drive		-			
Jupiter	, FL_	33458			
e limited liability company is not organized hange or changes are made, the Florida stre t will be identical. Or, in the case of a Flori were authorized by an affirmative vote of the rticles of organization or the operating agre /s/ Kenneth A. Duke, Ir. nature of a member or authorized representative of a	ida limited lial te members of ement of the l	the limited lia imited liability	, it is hereby confi bility company or company. <u>Kenneth A. Du</u> Printed or type	rmed that the change(s) as otherwise provided in the, Jr.	
reby accept the appointment as registered a isions of all statutes relative to the proper of obligations of my position as registered age erely reflect a change in the registered offic fiel in writing of this change.	ngent and agree and complete p nt as provided ce address, 1 h	e to act in this performance of for in Chapter pereby confirm	capacity. I furthe my duties, and I a 605, F.S. Or, if t that the limited lia	r agree to comply with the im familiar with and accep his document is being file ibility company has been	

/s/ Kenneth A. Duke, Jr. Signature of Registered Agent

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