

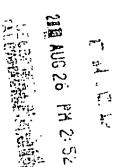
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TO:	Registration Section					
	Division of Corporations					

Three Strands Enterprises, LLC

SUBJECT:

Name of Limited Liability Company

W626 FM 2:56

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:

Randall W. Smith Jr.			
Name of Person			
Three Strands Appraisals			
Firm/Company			
6014 Centerville Road			
Address			
Tallahassee, FL 32309			
City/State and Zip Code		 -	
Threestranz@gmail.com			
E-mail address: (to be used for future ann	nual report n	otification)	
For further information concerning this matter	, please call:		
Denise Johns-Smith	904	654-5855	
Name of Person	(Area Code & Daytime T	Selephone Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	
Tallahassee, Florida 32301			

X \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

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.

. (a)	(a) 6014 Centerville Road •				(b) 6014 Centerville Road					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address (Note: MAY	BE POST O			-	
	Tallahassee, FL 32309	_		lallaha	assee, FL 32	2309		<u> </u>		
	April 11, 2018	_	١	L180000	086789			•		
١.	Date of filing/registration in Florida	4.	-	., . ,	Document r	number				
i. (a)	Randall Wayne Smith Jr.									
. (2)	Registered Agent and Registered Office shown on the records of 8352 Innsbrook Drive	he Flor	ida	Dept. of St	tate:					
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRE	SS	<u>. </u>	<u> </u>					
					_	<u>, </u>	د.م معاد المعاد	L		
	Tallahassee	3231	2			79.5°	<u>و</u> ح	• •	•	
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(b)									3, 2	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	ado	<u>lress</u> :		4 - 1 14 - 1 14 - 1		V K	, ya Ga	
	6014 Centerville Road						ه د ا	.; :r:		
	NEW Registered Office Address:			 .			,	~`		
	Tallahassee	3230	9							
he cha gent w vas/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reability f the l	gis co im	tered offi mpany, it ited liabil	ice and the bus t is hereby con lity company o	siness offic firmed tha	e of the c	ne re hang	gistere (e(s)	
Signat	ture of a member or authorized representative of a member	_			Printed or typ	ed name of s	signee			
rovisi be obli o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change.	ee to o perfor d for it tereby	act me n C	in this ca ince of m Chapter 60 onfirm tha	apacity. I furth y duties, and I 05, F.S. Or, if at the limited l	her agree i am famili this docu jability coi	o com ar wit ment is mpany	ply v h and s bei has	vith the l accep ng filed been	
_ / ,	awall W Sunt									

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