

(I	Requestor's Name)	
	Address)	
	Address)	
,	,	
	City/State/Zip/Phone #)	
(·	City/State/Zip/Filogie#)	
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R. WHITE JUI 2 0 2019

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOIL LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

1 10/100	•						
l. Na	me of the limited liability company: $\frac{\mathcal{L}}{\mathcal{L}}$	locia	Desi	9h5	<u> </u>	<u> </u>	
2. (a)	244 Bay Dr. Key Lasso Fl Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>33</u> 237 (b)	Ma	By lling address o Note: MAY B	f limited lial	bility com	ipany:
	244 BAY Da		po	Boy 110	)5		
	Key Lango, F1 33037	7	_ K17	LA 180	FI	330	>37
_	4/12/2018		<del></del>	0009	<del></del> -	i 	
3.	Date of filing/registration in Florida	4.	D	ocument nu	mber		
5. (a)	Lovesa Hesten. Registered Agent and Registered Office shown on the records	s of the Florida l	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STRE	( CAPICS)	<u>0 530</u> 37	7			
	244 BAY Drive						
	Key LAngo.	.FL_33	237				
(b)	MADYNE M T. I Man Enter name of NEW Registered Agent and/or NEW Registered	arad Office udd				2019 JUN	٠.
	Eller hanc of the Registered Agent and of NEW Register	ered Omçe add	<u>ress</u> .			9-	
	NEW Registered Office Address:					P	
	18 Jenny LAne	··				PH 4: 03	
	Key Largo	FL_33	-3.7_			₩	
the char agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members of organization or the operating agreement of	s of the regist d liability cor ers of the limit the limited lia	ered office a npany, it is h ted liability c ability compa	nd the busin ereby confir company or a ny.	ess office med that as otherwi	of the r the char ise prov	egistered ige(s)
(V)	ure of a meinter or authorized representative of a member		Love Su Hester  Printed or typed name of signee				
I horoh	•						with the
provision the oblination to mere	y accept the appointment as registered agent and sons of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address	lete performation of the letter of the lette	nce of my du hapter 605, F nfirm that the	ties, and I all S.S. Or, if the Imited Ital	m familia nis docume hility com	r with ai ent is be	wuu uue nd accept ring filed s heen

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

Signapure of Registered Agent