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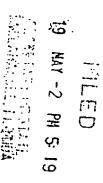
(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Preston Kinney LLC Name of Limited Liability Company					
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:					
Preston Kinney Name of Person					
Preston Kinney LLC Firm/Company					
525 Cornwall Ct Address					
Longwood FL 32750 City/State and Zip Code					
City/State and Zip Code					
Present kinner @ gmail. com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Preston Kinney at (941) 735 - 1341 Name of Person Area Code & Daytime Telephone 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					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee					
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.

	Q , Q .	,		
1. Nan	ne of the limited liability company: <u>Treston</u>	(Inney	46	
2 (2)		/ _ (b) _		
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing addres	ss of limited liability company: Y BE POST OFFICE BOX)
	441 Lake Lenelle Dr		525 Cornw	all Ct
	Chuloota, FL 32766		Languard, F.	
			<u>.</u>	
_	4/23/2018	. —	L18000101	
3.	Date of filing/registration in Florida	4.	Document	number
5. (a)	United States Corporation Agents, Inc	د .		
ŀ	Registered Agent and Registered Office shown on the records of the	e Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	13302 Winding Oak Court Suit Tampa FL	te A		
	J -	27 41-		
-	<u>rampa</u> , FL	33612	-	المنافع المامية المامي المنافعة المامية المام
	Ω 1 ν			
	Preston Kinney		· · · · · · · · · · · · · · · · · · ·	· 多子。
1	Enter name of NEW Registered Agent and/or NEW Registered O	Office addre	<u>ss</u> :	M-2
				-2
	525 Cornwell Ct			골
Ì	NEW Registered Office Address:			is in
	505 6 11 01			
-	525 Cornwall Ct			ص ''تعترُ
_	Longuerd FL	327	<u>50</u>	
If the lin	nited liability company is not organized under the laws	of the Sta	ate of Florida, it is h	ereby confirmed that after
agent wi	ge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab	ile register sility come	ea office and the bu sany, it is hereby con	isiness office of the registered
was/wer	e authorized by an affirmative vote of the members of	the limited	d liability company	or as otherwise provided in
the articl	les of organization or the operating agreement of the li	mited liab	ility company.	
	Valla		Kreston H	() nnr v
Signatur	re of a member or authorized representative of a member		Printed or ty	ped name of signee
provision the obligation to merely	accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of all statutes relative to the proper and complete parties of my position as registered agent as provided of vertien of this change.	e to act in erformanc for in Cha ereby confi	this capacity. I furt re of my duties, and opter 605, F.S. Or, i irm that the limited i	her agree to comply with the I am familiar with and accept I this document is being filed liability company has been

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

SHIPS ALL

Signature of Registered Agent