48000 106728

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

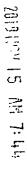
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R. WHITE DEC 14 2013





2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 07, 2019

AE: Cori Ann Crosthwaite

TO: Florida Department of State

REFERENCE: 1273827

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

ULTIMATE WALRUS LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

H1080

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.

2. (a)	411 WALNUT STREET # 13991	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	GREEN COVE SPRINGS, FL 32043			
		. <u>L</u>	.180001	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			_
(b) .	Registered Agent and Registered Office shown on the records of t		Dept. of Stat	
	5237 SUMMERLIN COMMONS BLVD STE	400		2019
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>		2019 1377
	FORT MYERS, FL_	33907		- 5 - A
	ROCKET LAWYER CORPORATE SERVICES LLC			ب ب
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- "
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			
	NEW Registered Office Address:			_
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			_
	TALLAHASSEE FL	32301		_
he cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility con f the limit	ered offic npany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
	Labor Feta		astian Ja	anisz
Signat	ure of a member or apphorized representative of a member			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address. I h writing of this change.	ee to act i performa I for in Ci jereby coi	n this cap nce of my hapter 60, yirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent