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A. HUNT C7/68/11

COVER LETTER

TO:	Registration Section Division of Corporations		•	
SUBJ	ECT:			
	Na	une of Limited I	Liability Company	_
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concerning to	his matter to the	following:	
David !	Ingoldsby			
-	Name of Person			و س د.
David	Ingoldsby			٠٠, زار
	Firm/Company		်	co 77
116 Gr	eenbriar Estates Dr		□1 ₀₀	PH
	Address	-	FLE	1:36
St John	s Fl 32259			
	City/State and Zip Code		_	
dave.i@	Pitrip.net			
Е	-mail address: (to be used for future an	nual report notif	fication)	
For fur	ther information concerning this matter	; please call:		
David I	ngoldsby	904 at (859-8311	
	Name of Person		Area Code & Daytime Telephone Number	- er
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following	g amount:		
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	

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)	2220 County RD 210 W STE 108, PMB 116 (b) 116 green			nbriar estates	dr			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-			Mailing addre	ss of limited YBEPOST	•	
	St Johns , 14 32259	-		St Johns,				
	05/09/2018	-	11	8000116	326			
	Date of filing/registration in Florida	4.	_		Document	number		
(a)	UNITED STATES CORPORATION AGENTS, INC.							
,	Registered Agent and Registered Office shown on the records of the	: Flori	da I	Dept. of Sta	ite:			
	476 RIVERSIDE AVE Registered Office Address	DDRE	353		_		ا الم	
	Jacksonville , FL 3:	2202			_	;	13 28 80 80	
(b)	David Ingoldsby				_	ASSE ASSE		£** :
-,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice :	addı	ress:		S FA	PM 1: 30	.
	116 Greenbriar Estates dr					, <u> </u>	36	
	NEW Registered Office Address:				_			
	St Johns Et 3	22.59						
ge	mited liability company is not organized under the laws or changes are made, the Florida street address of the re	egiste	red	office ar	nd-the busine	ess office o	f the r	egistered
WC	vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the li	mit	ed liabili	ty company	or as other	it the d wise p	change(s) provided
_	urgol'à member or authorized representative of a member			t to	Drinted or to	ped hame of	156	1
/ ret isi	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided j	erfori	mar	ice of my	pacity. I furi duties, and	her agree i I am famili	o com ar wit	h and acc

Signature of Registered Agent