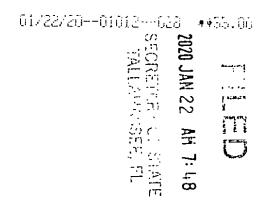
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

SUBJECT: New Roads New Rivers LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Faith Hospingarner Name of Person Name of Person Address Melbourne, FL 32940 City/State and Zip Code Mospingarners Cearthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Faith Hospingarner at (321) 626-6424 Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Division of Corporations
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Faith Hospingarner Name of Person Name of Person Address Melbourne, Ft 32940 City/State and Zip Code hospingarners @ earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Faith Hospingarner at 321 626-6424 Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	SUBJECT: New Roads New Rivers LLC Name of Limited Liability Company
Please return all correspondence concerning this matter to the following: Faith Hospingarner Name of Person New Roads New Rivers LLC Firm/Company 2880 Pine Branch Or. Address Melbourne, Ft 32940 City/State and Zip Code Mospingarners Cearthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Faith Hospingarner at 321 626-6424 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 Tallahassee. FL 32303	Dear Sir or Madam:
Faith Hospingarner Name of Person New Roads New Rivers LLC Firm/Company 2880 Pine Branch Or. Address Melbourne, Ft 32940 City/State and Zip Code hospingarners Cearthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Faith Hospingarner at 321, 626-6424 Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
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Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	•
Tallahassee, FL 32303	
Enclosed is a check for the following amount:	·
□ \$25 Filing Fee Scriffed Copy	Enclosed is a check for the following amount:

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.

submits the following statement in order to change its registered office or registered agent, or total of it to ital.
1. Name of the limited liability company: New Roads New Rivers LLC
2. (a) New Roads New Rivers LLC (b) New Roads New Rivers LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1880 Pine Branch Dr. 2880 Pine Branch Dr.
Melbourne, FL 32940 Melbourne, FL 32940
5/20/2019 L 18000 1 1849 3 Date of filing/registration in Florida 4. Document number
3. Date of filing/registration in Florida 4. Document number
5. (a) <u>Legal Zoom</u>
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporation Agents, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. Semoran Blyd. Suite 36
30000
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address: Faith Hosping AGNEC NEW Registered Office Address:
2880 Pine Branch Or.
Melbourne FL 32940
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent J