48000121242

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



100335121861

10/07/19--01009--003 **25.00

FILED

19 OCT -7 AM 9: 37
SEUME PRESENTATION

OCT 29 2810 T SCHROEDER

COVER LETTER

	Registration Section Division of Corporations	· t	•	
SUBJEC	CT: Sweet Magnol Name of Lim	ted Liability Company		
Dear Sir	or Madam:			
The encl	osed Registered Agent/Registered Office Chang	e and fee(s) are submitted t	for filing.	
Please re	eturn all correspondence concerning this matter	o the following:		
Lo	rine Nicole Golliner Name of Person			
	Firm/Company			
<u></u>	315 Chelsea Downs C	cic_		
<u>Litt</u>	City/State and Zip Code			
E-hail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
1	Name of Person	13) 892-8≤4 Area Code & Dayti	me Telephone Number	
] [(2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323	s	
Enclosed is a check for the following amount:				
Ţ	\$25 Filing Fee	☐ \$55 Filing Fee & Certif	ied Copy	

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.

1. Name of the limited liability company: Sweet n	Magnolia Stays LLC
2. (a) 17315 Chelsea Downs C Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Bignt wreat D Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Littra, FL 33547	Lithia, Fl 33547
Clo 05 2018 3. Date of filing/registration in Florida	8.3-0782873 4. Document number
5. (a) <u>Dnited State 3 Corporation</u> Registered Agent and Registered Office shown on the records of 13302 Winding Oak Co	the Florida Dept. of State:
Registered Office Address (MUST BEFLORIDA STREET)	<u> </u>
(b) Lorrine Golline (Enter name of NEW Registered Agent and/or NEW Registered	
17707 Bright wheat NEW Registered Office Address:	
Lithia, FL 33547	D 19:37
If the limited liability company is not organized under the lay the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited his was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Standard of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. It notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Cicrotury of Pagustared Struct	