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(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: <u>Carmichael Properties</u> L Name of Limited I	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Andrew Bydwn Name of Person	
Carmichael Properties LLC Firm/Company	
1070 MONTGOMEN, ROad, #	153
Altamonte Springs, PC 327 City/State and Zip Code	14
Abyown & trakisic com E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Andrew Byovm at (40) Name of Person	7) 491 - 54410 Area Code & Daytime Telephone Number
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 amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified 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.

I. N	ame of the limited liability company: <u>Carmic</u>	hael Properties LL	<u>C</u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	liability company:
		_ 1070 Montgon	1eny Road
		Altamonte sprin	195, PL 37
3.	05/17/2018 Date of filing/registration in Florida	L18000123895 4. Document number)
5. (a	Registered Agent and Registered Office shown on the records of the	Agents, Inc. he Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	2
	5575 S. Semoran Bivo	1. Suite36	2020 DE
	Orlando FL	32822)EC -
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	8 AMII: 23
	NEW Registered Office Address:	1	
	1070 Montgomeny Roa	10, #153	
	Altamont springs . FL	32714	
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office and the business office of ability company, it is hereby confirmed that If the limited liability company or as other	at the registered at the change(s)
Sign	nature of a member or authorized representative of a member	Andrew Byown Printed or typed name of	signec
I her provi the of to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete political bigations of my position as registered agent as provided rely reflect a change in the registered office address, I have a finitely of this change.	ee to act in this capacity. I further agree performance of my duties, and I am famil I for in Chapter 605, F.S. Or, if this docu nereby confirm that the limited liability co	to comply with the iar with and accept ment is being filed impany has been
8igna	ture of Registered Agent		
	-		