118000147988

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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18 NOV -8 PH 8: 40

K. SALY NOV 27 2018

COVER LETTER

TO:	Registration Section Division of Corporations						
SHRII	Bold Move Properties I LLC						
SUBJECT: Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ce Change and fee(s) are submitt	ed for tiling.				
Please	return all correspondence concerning th	s matter to the following:					
Andre	ea L. Whisnant						
	Name of Person						
	Firm/Company						
1017	S. Morningside Drive						
	Address						
Eusti	s, Florida 32726						
	City/State and Zip Code						
	noveproperties@gmail.com						
13	-mail address: (to be used for future and	ual report notification)					
For fur	ther information concerning this matter	please call:					
Andre	ea Whisnant	352 217-7353					
-	Name of Person	_ ``\	aytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions				
	Enclosed is a check for the following	amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Co	ertified 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

(a)		(
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	v:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1017 S. Morningside Drive		1017 S.	Morningside Driv	ve
	Eustis, Florida 32726		Eustis, F	lorida 32726	
	06/15/2018		L1800014	17988	
	Date of filing/registration in Florida	4.		Document number	
(a)	Andrea L. Whisnant				
	Registered Agent and Registered Office shown on the recor	ds of the Floric	la Dept. of State	:	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1321 Cherrybark Road				
	Apopka	. FL 32700	}		NOV -8
	Andrea L. Whisnant				-8 PH 8: 40
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				0.
	NEW Registered Office Address:				
	1017 S. Morningside Drive				
	Eustis	_{FL_} 32726	S		
cha	imited liability company is not organized under the inge or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit	ess of the reg	istered office company, it is	and the business of	ffice of the registe that the change(s)

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

creaxuh