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(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
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SOURCEDER

COVER LETTER

TO:	Registration Section Division of Corporations											
SURI	Charlie P. Murphy Holdings											
3000	Name of Limited Liability Company											
Dear S	Sir or Madam:											
The er	nclosed Registered Agent/Registered Of	fice Change	and f	fee(s) are submitted for filing.								
Please	return all correspondence concerning the	nis matter to	the fe	following:								
Anne	e Marie Gignac											
	Name of Person			_								
Cha	rlie P. Murphy Holdings LLC											
	Firm/Company			_								
4021	I NW 17th Avenue											
	Address			_								
Boca	a Raton, FL 33431											
	City/State and Zip Code			_								
char	liepmurphyholdings@gmail.com											
E	e-mail address: (to be used for future and	nual report r	otific	cation)								
For fu	rther information concerning this matter	, please call	:									
Anne	e Marie Gignac	978	3	273-8169								
-	Name of Person	at (
	3. 7 6.30.1			Mea code de Daytime Telephone Namoer								
	STREET/COURIER ADDRESS:		MA	ILING ADDRESS:								
	Registration Section			sistration Section								
	Division of Corporations			ision of Corporations								
	Clifton Building			. Box 6327								
	2661 Executive Center Circle		Talla	ahassee, Florida 32314								
	Tallahassec, Florida 32301											
	Enclosed is a check for the following	g amount:										

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.

. N	ame of the limited liability company:						
. (a)	4021 NW 17th Avenue	(h)	4021 1	vW 17th Ave	enue		
. (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Boca Raton, FL 33431		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Boca Raton, FL 33431				
	06/19/2018		L18000	150749			
	Date of filing/registration in Florida	4.		Document nu	ımber		
(a))						
	Registered Agent and Registered Office shown on the records of Anne Marie Gignac Registered Office Address Registered Office Address Apt 1002		·		-1		
	605 Oaks Drive , Apt 1002			_	اسا (۱۲) حود	19	
	Pompano Beach FI	33069			芸芸	SEP	
(b)				_	72	26 AH	m
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:			တဲ့	フ
	Anne Marie Gignac				27	2	
	NEW Registered Office Address: 4021 NW 17th Avenue	_		_			
	Boca Raton	33431		_			
e chi ent us/w e art Signa	simited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the number of a member or authorized representative of a member oby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	the regist ability con of the limited limited limited	ered officenpany, it is ted liability con NENA	te and the busing hereby confictive company or mpany. Printed or typed	ness of rmed t as othe NAC	ffice o that the erwise of signe	f the registe e change(s) e provided in