118000159540

(Requestor's Name)		
(Address)		
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(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
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(Document Number)		
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C. GOLDEN FEB 1 6 2019

COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: LITTERA LUC	-		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	ter to the following:		
CHRISTINE CARPENTER			
Name of Person			
Firm/Company			
1513 ROYAL CIRCLE			
1513 ROYAL CIRCLE Address			
APOPKA, FLOCIDA 32703 City/State and Zip Code	<u></u>		
City/State and Zip Code			
CHRISTINE @ LITTERA.CO E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CHIZISTINE (AD-PENTER at 321) 315-4566			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
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.

1. N	lame of the limited liability company:LITTED	ع در د	
2. (a)	1513 ROYAL CIRCLE	(b)	1513 ROYAL CIRCLE
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ADODKA, FL 32703		APOPKA, FL 32703
	JUNE 29, 2018		L18000159540
₹.	Date of filing/registration in Florida	4.	Document number
5. (a	(HRISTINE CARPENTER		
	Registered Agent and Registered Office shown on the records of	the Florida De	pept, of State:
	3010 WINDCHIME CIRCLE W	1 CCT	
	Registered Office Address (MUST BE FLORIDA STREET.		
		<u></u> .	·· 2
	APOPKA ,FL	227	703 E
	•	·	
(b)	CHRISTINE CARPENTER		2019 FEB 12
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>PSS</u>)
	1513 DOWAL CIRCLE		<u> </u>
	NEW Registered Office Address:		
			·, J
	APOPILA, FL	327	03
If the	limited liability company is not organized under the lay	us afila Si	into of Florida de la lecueta de Constal de C
the ch	ange or changes are made, the Florida street address of	the register	red office and the business office of the registered
agent	will be identical. Or, in the case of a Florida limited lia	ability comp	pany, it is hereby confirmed that the change(s)
the art	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the fimite limited liab	ed liability company or as otherwise provided in bility company
	C A		•
Signa	iture of a member or authorized representative of a member		CHRISTINE CARPENTER Printed or typed name of signee
	/		••
provis the ob to mei	thy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided why reflect a change in the registered office address. I have	ee to act in performand d for in Cha hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
maine	d in writing of this change.		
Signate	re of Registered short		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00