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COVER LETTER

\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations								
SUBJECT: AGENT. 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 matter to the following:								
CLEVELAND STUBBS Name of Person								
STUBBS BRISKET + BBD								
Firm/Company 2608 SEMINOW PALM DM. Address								
LAKE WINTH A 33463 City/State and Zip Code								
MNCTS TU 665 @ HyTMAIL. Com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
CLEVELAND Stubbs at (Sb1) 856-7088 Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following amount:								

☐ \$55 Filing Fee & Certified Copy

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.

l.	Na	me of the limited liability company:	Stukb	7	bush	> 1 4	1515	Ψ	_
2.	(a)			_ (8))				
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3.		Date of filing/registration in	4	4.		ocument nu	mber		
5.	(a)		plonation			-			
		Registered Agent and Registered Office show			-				
		13302 WINDING							
		Registered Office Address (MUST BE FL	ORIDA STREET AL	<u>IDKESS</u>	7		5.	203	
								FIL 27	
		TAMPA MA	, FL	33	7913-		AHASSI		
((b)	CLEVE-LAND ST					ssct.	= M	
		Enter name of <u>NEW Registered Agent</u> and/o	r <u>NEW Registered O</u>	ffice ad	<u>dress</u> :			9 C	
		2608 Siemmons	Parm	<u>ر</u>	$\overline{\mathcal{N}}$		至 至 3.1	<u>က</u> င်.	
		NEW Registered Office Address:	. Cı						
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		•	, FL	3	3463				
the age was the	chaint we artic	imited liability company is not organizinge or changes are made, the Florida sold liberation of the case of a Fore authorized by an affirmative vote of cles of organization or the operating a company of the member of authorized representative of a member or authorized representative of a company of the appointment as registered.	street address of the lorida limited liab f the members of greement of the li	ne registility control the limited lim	stered office a ompany, it is horizontal liability company. P	nd the busing the property configuration of the property configura	ress office rmed that the control of the control of the control of sign	of the registere he change(s) se provided in	_
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent