118000180568

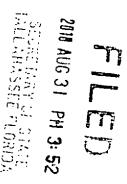
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300317660303

08/31/18--01014--018 **25.00



O BRUCE SEP 08 2018

COVER LETTER

Division of Corporations
SUBJECT: THE REGGIE PROJECT, LLC 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:
MARLON JOHNSUN Name of Person
THE JUHNSON ADMINISTRATION Firm/Company
1849S SOUTH DIXIE HWY #362 Address MIAMY FL 33157
City/State and Zip Code MJOhnson Mia e amal. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAILLON JUHNSUN at (305) 491.7938 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

\$25 Filing Fee

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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

	•						
l. Nai	me of the limited liability company: THE REG	<u>61E</u>	prose	or, LLC			
2. (a)	570 SW 46th AVE	_ (t	570	SW 46th	AVE		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	lailing address of limit (Note: MAY BE POS			
			- A 10 M		_ 1	244	
	MIAM, FL 33/34	-	MAH	4, FL 33	129		
	. 1	_					
	7/27/2018		L18000	7180568			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	WHITE ELEPHANT GROUP, LLC						
	Registered Agent and Registered Office shown on the records of th		a Dept. of State:	:			
	570 SW 47th AVE			•			
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES.	2)		$\mathbb{R}_{\mathcal{E}_{i}}$	201	
	COMAL GABLE, FL 33134				im (c) 3 - 20 7 - 100	2010 AUG	7
	,				SSX:	ii ω	CC ma
					85 85		i Pro
\ · / -					語が	P	11
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office ac	dress:		三	င်း င်း	
					3711	⊼	
	NEW Registered Office Address:						
	570 SW 46th AVE						
	MIAM , FL	33	34				
the char agent w was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of lys of organization or the operating agreement of the li	he regi pility control the lin imited	stered office ompany, it is nited liability liability com	and the business of hereby confirmed company or as otl	office of the that the cha herwise pro	regis: ange(s	tered s)
Signati	are of a member or authorized representative of a member	10	HILLUIV	Printed or typed name			

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.