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(Re	equestor's Name)			
(Address)				
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(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 40RE/ Name of Lin	GN CARZ LLC nited 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:				
Howard Moncar Name of Person					
GONEIGN CANZ LLC Firm/Company					
6200NW 4457 Address					
CAUDENHIII FL 30319 City/State and Zip Code					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please call:					
HOWARD MORGAN at (954) 624-2262 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center 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:					
□ \$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

1. Na	nne of the limited liability company: 4000	EiG	N	CAI	RZ	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DAVIE F1 373/4	_ (b)		Mailing (<u>Not</u>	g address of <i>e: MAYBE</i>	4 ST [†] limited liabilit <u>POST OFFI</u>	y company:
	D8/06/20/8 Date of filing/registration in Florida	- 	Ĺ	1/80	00	/8 7/ 1ber	50
3.	Date of filing/registration in Florida	4.		Docu	iment nun	iber	
5. (a)	CATOYA TAYLOR Registered Agent and Registered Office shown on the records of the						
			Dept. o	f State:			
	6200NW 445T #20	3					
	Registered Office Address <u>(MUST BE FLORIDA STREET A)</u>	DDRESS)	!				
	6200 NW 4457 #20	J					
	CAUDERHIII .FL		3/9	7			
(b)		.m					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	<u>Mince</u> add	ress:			C+1	
	HOWARD MORGAN						
	NEW Registered Office Address:						
	6200 NW 4457 #20	07					
	CAUDERHIII FL	33	3/9	7			
	mited liability company is not organized under the laws						

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

HOWARD MORGAL	HOWAND MORGAN	
Signature of a member or authorized representative of a member	Printed or typed name of signee	

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.

OWARD MORGAN

Signature of Registered Agent