L18000 188351

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

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COVER LETTER

TO:	Registration Section Division of Corporations		••
	•		
SUBJE	Risen Son Financial		
	Nan	ne of Limited	Liability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to th	e following:
Kevin	Donahue		
	Name of Person		
Risen	Son Financial		
	Firm/Company		
4416	Mount Bandon Dr		
	Address		
Land (O Lakes, FI 34638		
	City/State and Zip Code		
kevin.	p.donahue77@gmail.com		
E-	-mail address: (to be used for future ann	ual report not	ification)
For furt	ther information concerning this matter,	please call:	
Kevin	Donahue	813	512-2746
	Name of Person	ar (Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	N	1AILING ADDRESS:
	Registration Section	R	egistration Section
	Division of Corporations		Pivision of Corporations
	Clifton Building		O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Т	allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee		555 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.

2. (a)	4416 Mount Bandon Dr, Land O Lakes, FL 3	4€	(b) 4416 Mount Bandon Dr, Land O Lakes, F							
2. (α <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)						
	August 06, 2018	_	l	180001	88351	-				
3.	Date of filing/registration in Florida	4.	-		Document n	umber				
5. (a)	United States Corporation Agents, INC									
	Registered Office Address (MUST BE FLORIDA STREET A				te: _					
	13302 Winding Oak Court A	DDK			_					
	Tampa, FL	336	12	<u> </u>	_	₹	2			
(b)		_		_	_	SECRE	2019 AUG	-11		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Kevin Donahue	Office	add	ress:		TARY I	9			
	NEW Registered Office Address:				_		P X			
	4416 Mount Bandon Dr				_	A.E.	6: 15			
	Land O Lakes , FL	3460	38							
he cha gent w vas/we he arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the rebility f the limite	egist cor limi ed li	ered offic npany, it i ted liabilit	e and the busi is hereby conf ty company of npany.	iness officiences	ce of that the c	ie registered hange(s)		
Signat	ure of a member or authorized representative of a member				Printed or type	ed name of	signee			
heret rovisio ie obli mere	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change	ee to perfo l for t ereby	act i rma 'n Ci v coi	in this cap nce of my hapter 603 nfirm that	pacity. I furth duties, and I 5, F.S. Or, if the limited lid	er agree i am famili this docu ability col	to comp ar with ment is mpany	oly with the and accep being filed has been		

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

Signature of Registered Agent