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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Fn-tris Buildel Name of Limite	YŚ, LLC, ed 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:			
N				
Name of Person				
11 PSI 1115 HT CINCILLO	1 <u>/</u>			
(15)75 LVERSIAS HIGH	<u>.C(u)</u>	 	3 1	
KULUTAD FL 3303" City/State and Zip Code	7		- 	
			R	7
E-mail address: (to be used for future annual report n	·		 ယ	ţ.,
For further information concerning this matter, please call:	:	1-	422)	
Bland at 30	Area Code & Daytime Telephone Numb	– per		
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			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fce

Enclosed is a check for the following amount:

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: Enth IST BUILDERS, LLC.
2. (a)	(b)
Δ. (ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	95175 LYCKSEAS HAVE 95175 CVERSIAS HAVE
	Ken Largo, Fl 33037 Ken Largo, Fl 33637
	They story the story to the sto
	08/08/16 LIXUUUIGUISS
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Patricia, Saunders 1
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (15) 75 OVENSOUS HAND
	Kert Arat: Fr 22/23]
(b)	Patricia W. Saurders
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	95175 OVERSUAS HAND
	1/2011 0160 - 22027
	Kay (a) 6. 33037.
بطمحطه	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered office and the business office of the registered of the remarks.
agent v	will be identical. Or, in the case of a Florida limited liability company, it is never committed that the change(a) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
tho art	icles of organization of the operating agreement of the limited liability company.
Sign	there of a member of authorized representative of a member Printed or typed name of signee
	to got in this capacity. I further goree to comply with the
provis	ions of all statutes relative to the proper and complete performance of the Complete design design filed
notific	ligations of my position as registered agent as provided for in Chapter 603, r.s. Or, if this document is being fled ely reflect a change prine registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signan	The of Registered Agent
_	()

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