L18000 199329

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

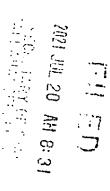




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COVER LETTER

TO: Registration Section Division of Corporations		
FREANEY & COMPANY, LLC	·•	
SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	i Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the	ne following:
DIANE M. FREANEY		
Name of Person		
FREANEY & COMPANY LLC		
Firm/Company		
850 NW FEDERAL HIGHWAY STE 411		
Address		
STUART, FL.34994		
City/State and Zip Co	ode	
diane.freaney@icloud.com		
E-mail address: (to be used for future	e annual report no	tification)
For further information concerning this ma	atter, please call:	
DIANE M FREANEY	323	632-6638
	at (
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:	
\$25 Filing Fee	٥	\$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 Florida.

(<u>Note: 1</u> STUART, FL 3499- 08/20/2018	e address of limited liability company: MUST BE STREET ADDRESS) 4		Mailing address of (Note: MAY BE UART, FL 34994	limited liability company: EPOST OFFICE BOX
			000199329	
Date of fi DIANE M. FREAN a)	ling/registration in Florida EY	4.	Document nun	ıber
Registered Agent and 2950 SE OCEAN E	Registered Office shown on the records LVD APT 5-1	s of the Florida Dept	t, of State:	
Registered Office Ad	dress <u>(MUST BE FLORIDA STRE</u>)	ET ADDRESS)		
STUART		34996 FL		
DIANE M. FREAN				2021 *AUL
Enter name of NEW I	legistered Agent and/or NEW Registe	red Office address	:	JUL 20 74235
NEW Registered Off	ce Address:			्रा स
STUART		34994 .FL		<u> </u>
ge or changes are mand the will be identical. Of were authorized by a surticles of organization	pany is not organized under the de, the Florida street address of r, in the case of a Florida limited affirmative vote of the member or the operating agreement of the street of the str	the registered of I liability compa rs of the limited the limited liabil	fice and the business only, it is hereby confirmability company or a ity company. 4. FREANEY	office of the registered med that the change(s) s otherwise provided in
reby accept the appoi	horized representative of a member ntment as registered agent and c elative to the proper and comple tion as registered agent as provi in the registered office address, change.	agree to act in the ele performance ided for in Chap, I hereby confir	Printed or typed this capacity. I further of my duties, and I amiter 605, F.S. Or, if thim that the limited liabi	agree to comply with t