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COVER LETTER

TO: Registration Section Division of Corporations	
4709 DAVIS ROAD LLC	
SUBJECT:	
Na	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Ryan S. Shipp	
Name of Person	
Law Office of Ryan S. Shipp PLLC	
Firm/Company	
814 W. Lantana Road, Suite 1	
Address	
Lantana, FL 33462	
City/State and Zip Code	
ryan@shipplawoffice.com	
E-mail address: (to be used for future an	inual report notification)
For further information concerning this matter	r. please call:
Ryan S. Shipp	561 699-0399
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 followin	g 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

Principal office address of limi (Note: MUST BE STRE	ted liability company:	(b)	Mail	ing address of li	Hwy ddress of limited liability company MAY BE POST OFFICE BOX)		
West Palm Beach, FL 33	407	 .	West Palm	Beach, Fl	_ 3340	07	- <u>-</u>
8/21/2018		l	.18000200	231			
Date of filing/registrati Adam R. Seligman, Esq.	on in Florida	4.	Do	ocument num	ber	~`	•
Registered Agent and Registered Office	e shown on the records o	of the Florida L	ept. of State:		MALL	2019 OCT 15	. s
Registered Office Address (MUST	BE FLORIDA STREE	T ADDRESS)			HALL dive see of		
West Palm Beach	, J	33407 -L			<i>y</i> .	MH 10: 33	•
Law Office of Ryan S. Shi	pp PLLC				;	ယ်	
Enter name of NEW Registered Agen	t and/or NEW Register	ed Office addr	<u>ess</u> :				
814 W. Lantana Road							
NEW Registered Office Address: Suite 1							
Lantana	, I	33462 L					
	, l	;L		la it is barab	y aanfi	ad •h	nat a

of a member or authorized regresentative 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.

Signature of Registered Agent