## L1800 203610

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TO: Registration Section Division of Corporations	
SUBJECT: Holihan Name of	Partners LLC of Limited 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 n	natter to the following:
Randy Holihan Name of Person	
Holihan Partners, 1 Firm/Company	LC
2513 Trentwood	Blud.
Belle Isle FL City/State and Zlp Code	32812
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
- Randy Holihan	u 407 312-1955
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassec, Florida 32314
Enclosed is a check for the following am	ount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT O LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited t submits the following statement in order to change its registered office or registered agent, or both Florida. 1. Name of the limited liability company: (b) Principal office address of limited liability company: Mailing address of limited liab (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OF 3. filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW**' Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm the change or changes are made, the Florida street address of the registered office and the business office agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwis the articles of preprization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of sign I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability compandified in writing of this change.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent