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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations							
SUBJECT:	10535 Chassahowitza River Ll	LC	•					
	Name of Limited Liability Company							
Dear Sir or M	Madam:							
The enclosed	Registered Agent/Registered Office	Change	and fee(s) are submitted for filing.					
Please return	all correspondence concerning this m	natt <del>e</del> r to	the following:					
Charles W	/. Manning							
	Name of Person		<del></del>					
10535	Chassahowifzo River Firm/Company	LLC	<del></del>					
10072 S. F	Riviera PT.							
	Address	• • • • • • • • • • • • • • • • • • • •	~ <del></del>					
Homosass	a, Florida 34448							
	City/State and Zip Code		<del></del>	<u> </u>	2011 NGV	43A, p-		
hallison001	@tampabay.rr.com				NCV	1		
E-mail a	address: (to be used for future annual	report n	otification)	2. <del>1.</del> 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	9			
For further in	formation concerning this matter, plea	ise call:			P# -:	£		
Charles W.		813	245-0043	ē.	P.)	40		
	Name of Person	- (	Area Code & Daytime Telephone No	ımber				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclo	sed is a check for the following amo	unt:						
<b>□</b> \$25	Filing Fee	A	\$55 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.

1. Na	ame of the limited liability company: 10535Chassal	nowitza	River LI	LC
2. (a)	10072 S. Riviera Pt Homosassa, Fl. 34448	(b)	10072 \$	S. Riviera Pt, Homosassa, Fl. 3448
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	August 29, 2018			
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	· ·			_
	Registered Agent and Registered Office shown on the records of the United States Corporation Agents, Inc.	e:		
	Registered Office Address (MUST BE FLORIDA STREET AI 13302 Winding Oak Court	C C C C C C C C C C C C C C C C C C C		
		33612	<b></b>	20 No. 1
(b)	Charles W. Manning  Enter name of NEW Registered Agent and/or NEW Registered Of 10072 S. Riviera Pt. Homosassa, I. 34448	Mice add	ress:	9 PM 1: 2:
	NEW Registered Office Address:			-
	10072 S. Riviera Pt.	<del>-</del>		
	Homosassa , FL 3	4448		
the cha agent v was/we the arti Signa I here, provisi the obl	imited liability company is not organized under the lawsing or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability and the liability and the liability and the properties of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete properties of my position as registered agent as provided it in writing of this change.	he regist bility cor the limi mited lia Star	ered office npany, it is ted liability ability com tley E. Jo	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Printed or typed name of signee