L18000219939

| (Requestor's Name) (Address) | 400333491314 | | |
|---|------------------------------------|--|--|
| (Address) | 400000401014 | | |
| (City/State/Zip/Phone #) | | | |
| (Business Entity Name) | 08/21/1901006 -024 ••25.66 | | |
| (Document Number) | i | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | AUG 2 9 2019 S YOUNG | | |

Office Use Only

COVER LETTER

| _ | tration Section on of Corporation | ıs | | |
|---|--|-----------------------|---|--------------------|
| SUBJECT: | Simply | ukst | Horse LLC Name of Limited Liability Company | |
| Dear Sir or Ma | adam: | | | |
| The enclosed | Registered Agent | /Registered | Office Change and fee(s) are submitted for | r filing. |
| Please return a | all correspondenc | e concerni | ng this matter to the following: | Ì |
| | Jaine Name | WeS+ of Person | | |
| | Simply W | est to | He LLC | |
| 5450 |) Bruce B | | Blud. #149 | |
| <u> </u> | Vesley Chace City/State | el, FL and Zip Co | 335'44 | |
| E-mail a | Si 10/1 We ddress: (to be use | Sthome d for futur | @ Q Hail. COM e annual report notification) | |
| For further inf | formation concern | ning this m | atter, please call: | • |
| | Jaime West Name of Perso | <u> -</u> n | at (<u>813</u>) <u>485-5254</u> Area Code & Daytim | e Telephone Number |
| Regis Divisi Clifto 2661 | EET/COURIER tration Section ion of Corporation Building Executive Centernassee, Florida 32 | ns Circle | MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | 4 |
| Enclosed is a check for the following amount: | | | | |
| ⊡ \$25 | 5 Filing Fee | | □ \$55 Filing Fee & Certific | d 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.

| 1. | Na | ume of the limited liability company: Simply West Home LLC |
|------------------------|-----------------------------------|---|
| 2. | (a) | Singly West Home CCC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Singly West-IHOME CCC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | 5450 Brice B Davis Blud. # 149 5450 Brice B. Davis Blud # 1 |
| | | Ursley Chapel, FC 33544 Wesley Chapel, FC 33544 |
| 3. | | 9-17-2018 L18000219939 Date of filing/registration in Florida 4. Document number |
| 5. | (a) | Chevenne Moseley US Corp. Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | | United States Corporation Agents Inc. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | | 13302 Winding Oak Court A |
| | | Тамра , FL 33612 |
| | (b) | Jaime West |
| | (") | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | | 4457 Octma (n |
| | | NEW Registered Office Address: |
| | | |
| | | Wesley Chapel FL 33543 |
| the ag wa the | e cha ent v as/we e arti | 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 will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icless of organization of the operating agreement of the limited liability company. The west arms of a member or authorized representative of a member of a member of signee. |
| , | <u>.</u> | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this charge. |
| Si | gan | re of Registered Agent |
| 1 | / | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |

FILING FEE: \$25.00

INHS18 (2/14)