## L18000 221477

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Councy Pack Name 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 matter to the following:
Brittany Cooney Name of Person
The Cooney Pach Firm/Company
4028 Sw 2nd Auc  Address  Cupe Coral F1. 33914  City/State and Zip Code
Cupe Coral F1. 33914  City/State and Zip Code
Britany, walksdogs Egmail. com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Britany Cooney at (259) 770-6736  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 following amount:
\$25 Filing Fee
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

i. Na	ame of the limited liability company: $\_$ The $\ \mathcal{C}\epsilon$	poney	j Pacla
2. (a)		ر) _ (b)	<u> </u>
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4028 Sw 2nd Ave		4028 Sw 2nd Arc
	Cupe Coral F1. 33414		Cage Coral, Fl. 33914
	9/14/18		L18000221477
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of th		
	United States Corporation  Registered Office Address (MUST BE FLORIDA STREET A)  13302 Winding Oak Ct. Suite  Tamore. FL	Agent DDRESSI A	ts Inc.  12 智 野
(h)	Enter name of NEW Registered Agent and or NEW Registered C	Office addre	<del></del>
	NEW Registered Office Address: 4028 SW 2nd Ave.	Coonc	<u></u>
	Cape Coral FL	3391	14
the char agent w was/wer the artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liab re of a member or authorized representative of a member	he register fility comp the limite	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	v accept the appointment as registered agent and agree	e to act in	)

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