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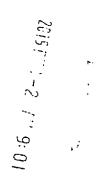
| (Re | equestor's Name) | · <u>-</u> |
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| (Ac | idress) | <u> </u> |
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| (Ac | ldress) | |
| | | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bı | siness Entity Name | 9) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates (| of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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JJ. S** | 123--55013--81750751



R. WHITE.
JAN 11 20.3

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: SIXTY6-SEVENTY9 LLC | | | | | | |
| 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 n | natter to the following: | | | | | |
| LOVETTE DOBSON | | | | | | |
| Name of Person | | | | | | |
| INCFILE.COM LLC | | | | | | |
| Firm/Company | | | | | | |
| 17350 STATE HWY 249 STE 220 | | | | | | |
| Address | | | | | | |
| HOUSTON, TX 77064 | | | | | | |
| City/State and Zip Code | | | | | | |
| EFILE1234@INCFILE.COM | | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | | |
| For further information concerning this matter, ple | rase call: | | | | | |
| LOVETTE DOBSON | 855 829-9090 | | | | | |
| 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 | ☐ \$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. N | ame of the limited liability company: SIXTY6-SEVE | ENTY9 | LLC | | | | |
|--|---|---|---|--|--|--|--|
| 2. (a) | | (| b) | · | | _ | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| .\ | failing address of limite (Note: MAY BE POS | | | |
| | 382 NE 191ST ST #89260 | | 382 NE 1 | 191ST ST #8926 | 30 | | |
| | MIAMI, FL 33179 | _ | MIAMI, F | L 33179 | - | | |
| | 11/05/2018 | | L1800025 | 9496 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | - | | |
| 5. (a) | LEGALINC CORPORATE SERVICES INC. | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of to 5237 SUMMERLIN COMMONS | he Florid | a Dept. of State | : | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | | |
| | SUITE 400 | | | | | | |
| | FORT MYERS, FL | 33907 | | | 2019 | | |
| (b) | MOLLY MCGEOCH | | | | ∵ | • | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office ad | ldress: | | .2 | | |
| | 1244 SAMOA AVE | | | | il 9: | ٠٠٠ المحد ، | |
| | NEW Registered Office Address: | | | | 10 | | |
| | | | | | | | |
| | MARCO ISLAND | 34145 —— | | | | | |
| the cha agent was/w | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the regi bility co f the lin limited | stered office ompany, it is nited liability | and the business o hereby confirmed company or as oth pany. | ffice of that the | the registered change(s) | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name | of signee | | |
| provis the ob- to mer | by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. | ee to ac perform I for in s sereby c | t in this capa amce of my a Chapter 605, onfirm that t | icity. I further agre luties, and I am fan F.S. Or, if this do he limited liability | ee to cor niliar wi cument compan | nply with the th and accept is being filed y has been | |