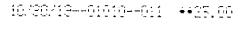
118000 262025

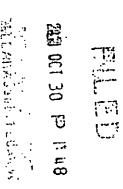
(Requestor's Name)						
(Address)						
(Address)						
(City/s	State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

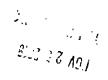
Office Use Only



100336036881







COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	The Pirates Heart Company	LLC				
		e of Limited	Liability Company			
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	e following:			
Jame	es Douglas White					
	Name of Person					
The F	Pirates Heart Company LLC					
•	Firm/Company					
2541	Kingsmill Ave					
	Address					
Melbe	oume, Florida 32934					
	City/State and Zip Code		·········			
jwhite	e2167@cfl.rr.com					
Е	-mail address: (to be used for future ann	ual report not	ification)			
For fur	rther information concerning this matter,	please call:				
Jame	s Douglas White	321 at (652-4766			
	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	Registration Section tions Division of Corporations P.O. Box 6327 ter Circle Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	\$25 Filing Fee	- 5	\$55 Filing Fee & Certified Copy			
INHS18	3 (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	me of the limited liability company: The Pirates He	art Co	mpany Ll	.C		
2. (a)	2541 Kingsmill Ave	(b) 2541 Kingsmill Ave				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (-/		failing address of (Note: MAY BE		
	Melbourne, Florida 32934	-	Melbourn	ne, Florida 3	2934	<u></u>
	11/08/2018	-	L1800020	62025		······································
3.	Date of filing/registration in Florida	4.		Document nun	nber	
5. (a)	UNITED STATES CORPORATION AGENTS,	, INC				
J. (u)	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD	e Florida	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET AD SUITE 36	ODRESS)				
	ORLANDO FI 3	2822				
	Enter name of NEW Registered Agent and/or NEW Registered O 2541 Kingsmill Ave NEW Registered Office Address:					
	Melbourne			ثمذ	n.o	
		2934			0C 130	المدين م المدين المدين المدين
the cha agent w was/we the arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limits of	ne regist ility cou the limi mited li	ered office npany, it is ted liability	and the busine hereby confirm company or a pany.	by confirmess of the confirmed that the	of the registered he_change(s)
Signat	ure of a member or authorized representative of a member			Printed or typed (name of sign	юс
provision the oblition mere notified metallication of the control	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for the proper and complete per gations of my position as registered agent as provided for the property of the prop	erforma	nce of my d	luties. and I an	ı familiar	with and accept
	e of Registered Agont					
	Division of Corporations P.O. Bo	x 6327	Tallahass	see. FL 32314		

FILING FEE: \$25.00