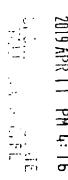
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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Linuty Name)		
(Document Number)		
Certified Copies Certificates of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

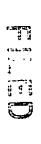




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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ETERNAL LOTUS LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ALICIA D. LUKE Name of Person		
ETERNAL LOTUS LLC Firm/Company		
5901 OTIS DR. Address		
NEW PORT RICHEY, FL 34652 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ROBERT C. MACCHIONE at (407) 466-9249 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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		

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. Name of the limited liability company: ETERNAL LO	TUS LLC
2. (a) ETERNAL LOTUS LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) S901 OTIS DR. NEW PORT RICHEY, FL 34652	
11/9/18 Date of filing/registration in Florida 4.	L 18000263484 Document number
5. (a) ROBERT C. MACCHIONE Registered Agent and Registered Office shown on the records of the Florida I Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5901 OTIS DR. DEW PORT RICHEY .FL 346 (b) ALICIA D. LUKE Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: .FL	Dept. of State:
If the limited liability company is not organized under the laws of the street change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability conwas/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited liability convas/were authorized by an affirmative vote of the members of the limited liability convasions of organization or the operating agreement of the limited liability accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Converting of this change. Signature of Registered Agent	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. BERT C. MACCHIONE Printed or typed name of signee in this capacity. I further agree to comply with the page of my duties, and I am familiar with and accept