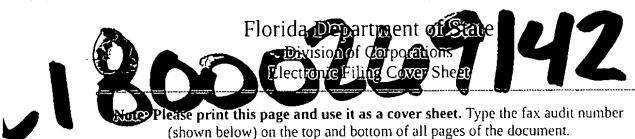
**!** . **!** .



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Email Address:\_\_\_\_\_

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC REGISTERED AGENT CHANGE
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## 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

a) 6741 CAPRI LN.	<sub>(b)</sub> 6	(b) 6741 CAPRI LN.	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\ . <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
BOKEELIA, FL 33922	<u>B</u>	OKEELIA, FL 33922	
11/19/18	 L1	.8000269142	
Date of filing/registration in Florida	4.	Document number	
UNITED STATES CORPORATION AGEN	TS, INC.		
(a) ONITED STATES CORPORATION AGEN  Registered Agent and Registered Office shown on the records		pt. of State:	
5575 S. SEMORAN BLVD			
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
SUITE 36		2020	
ORLANDO	<sub>FL</sub> 32822	2020 NOV 30	
Registered Agents Inc.		(2) * **********************************	
Enter name of NEW Registered Agent and/or NEW Register	red Office addres	55:	
7901 4th St N	<u></u>	1.6	
NEW Registered Office Address:			
STE 300		***************************************	
St. Petersburg	FL 33702		
the limited liability company is not organized under the change or changes are made, the Florida street address on will be identical. Or, in the case of a Florida limited s/were authorized by an affirmative vote of the member articles of organization or the operating agreement of the control of the contro	laws of the State of the register liability compares of the limite	pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
ignature of a member or authorized representative of a member	Riley		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.

Bill Havre

- Assistant Secretary

Signature of Registered Agent