## 48000270627

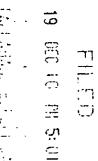
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JAN 1 5 2020

S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Charlie Kilo Sierra F Name of Limited Lia	Holdings, LLC ability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Carolyo Kelly Name of Person	_		
Charle Kilo Slevra Holdings, U. Firm/Company	<u>.C</u>		
4460 LOWERPARIC Rd # 2414 Address	_		
Orando FL 32814 City/State and Zip Code	<del>-</del> -		
E-mail address: (to be used for future annual report notific	eation)		
For further information concerning this matter, please call:			
Cavolyn Kelly at (407) Name of Person	) 202 9126 Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
<b>22</b> \$25 Filing Fee □ \$55	☐ \$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.

	۸	, . <u> </u>		
1. 1	lame of the limited liability company: <u>(Navlut K</u>	(1105	ICMA	Holdings, LLC
2. (a	4460 LOWER Park Rd	(b)_	446	o Lower Park ld
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	£ 2914		# 20	
	0/landu, FL 32814			ando, FL 32814
	Villa 10 52817		0/16	M(100, 1 C ) 23.7
	11/20/2018		L180	000270627
3.	Date of filing/registration in Florida	4.	Ε	Document number
5. (a	Carolyn Kelly			
	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State:	
	10656 Billings St			PLEASE REMOVE
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		. Day & D Alla
				Manager: David R. Aller
	Orlando, FL 32832, FL			<u> </u>
	,			r en
(b				EC TO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Ullice addr	ess:	, = ; . (
	4460 Lower Pane Rd			
	NEW Registered Office Address:		•••	ري. دي.
	# 2414			9
	<u>0/landu</u> , fl	32.81	14	
If the	limited liability company is not organized under the law.	s of the St	ate of Flor	ida it is hereby confirmed that after the
chang	e or changes are made, the Florida street address of the r	registered	office and	the business office of the registered
was/v	will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of	the limite	ed liability	company or as otherwise provided in
the ar	ticles of organization or the operating agreement of the li	imited liab	bility comp	any.
Sin	ature of a member or authorized representative of a member	(0	-irolyi	Printed or typed name of signee
				• • • • • • • • • • • • • • • • • • • •
provi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p oligations of my position as registered agent as provided rely-reflect a change in the registered office address, I he ed infwritinglof this change.	erforman for in Cha	ce of my du anter 605.	ity. That her agree to comply with the vities, and I am Jamiliar with and accept F.S. Or if this document is being filed
to me notifi	rely/reflect a change in the registered office address, I he ed ht/writing/of this change.	ereby conf	firm that th	e limited liability company has been
/	West Constitution			
Signa	ure of Registered Agent			