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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Preferred Bookkeeping 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 matter to the following:			
Carolyn Willsinson Name of Person			
Preferred Bookkeeping LLC Firm/Company			
4017 NW Cinnamon Circle Address			
Jensen Beach, FL 34957 City/State and Zip Code			
E-mail address: (to be used for future annual report nulfication)			
For further information concerning this matter, please call:			
Carolyn Wilkinson at (772) 349-3478 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 \$\square\$ \$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.

2. (a)	ame of the limited liability company: Preferred Bookheek	
	Principal office address of limited liability company: Mail	ing address of limited liability company:  Sote: MAY BE POST OFFICE BOX)
	4017 NW Cinnamon Circle 4017 No	N Cinnamon Circle
	Jensen Beach, FL 34957 Jenser	n Beach, FL 3495
_	11-28-2018 <u>L1800</u>	)274673
3.	Date of filing/registration in Florida 4. Do	ocument number
5. (a)	Negistered Agent and Registered Office shown on the records of the Florida Dept. of State:	Inc
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	5575 Semoran Blvd Suite 36	31 <b>19 NOV</b> 77
	Orlando FL 32822	M 0V 77
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_ P []
	Inter-hance to issue see is regent and/or inter-negative address.	1: 50
	NEW Registered Office Address:	
	4017 NW Cinnamon Circle	
	Jensen Beach FI 34957	

If the limited hability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Printed or typed name of signee

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.

Caroly Wilkinson
Signature of Registered Agent