U8000 292 287

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

Office Use Only

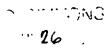


900323225559

01/22/19--01003--003 **25.00

PILED

SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: LION MINATE Equity Partners 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:		
Jason Hake Name of Person		
Firm/Company 13679 Den bar Way Address		
Apple Valley MN 55124		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please of	all:	
Jason Hake at (6)	Arca 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 INHS18 (2/14)	☐ \$55 Filing Fee & Certified Copy	
11 11 12 13 (2017)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submit	ent to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company s the following statement in order to change its registered office or registered agent, or both, in the State of
Floride	ime of the limited liability company: 4101 Private Fquity Parmers
2. (a)	(b)
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:
•	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	1044 Harbor Jachy C4#202 3679 Dunbar May
	Fr. Myers FL 33908 Apple Valley MN 55/29
	12/21/18 18000292287
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Plorida Dept of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	13302 Winding Oak COUTT
	Tanga .FL 336/2 EE
(b)	tagen the
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	11044 Hackovs Jackt CT
	NEW Registered Office Address:
	Fort Myers, FL 33908
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in clear of organization or the operating agreement of the limited liability company.
- 5: 1	ure of a member or authorized representative of a member Printed or typed name of signee
//	
provision the oblination to mere	ny accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been for my riting of this change.
Siz=+4	Jason Hate
ារជាជា	e of Registered Agent

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00