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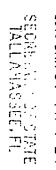
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COVER'LETTER '

Division of Corporations	
SUBJECT: RIGHT ON CARDENT Name of Lim	RY hited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
RONI ALD CORNETT Name of Person	
RIGHT ON CARPENTRY Firm/Company	
3719 E 8 TH COURT Address	
PANAMA CATY, FLORIDA 3 City/State and Zip Code	240 <u>1</u>
RONINVANBURENQ 6 WALL 1C E-mail address: (to be used for future annual report	T notification)
For further information concerning this matter, please co	all:
RONALD CORNETT at (2	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	☐ \$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.

		II.	10	CA	RP L	ENTR	<u>Y</u>		
(86 2. (a) _a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	39	-,FL 1439 500		Mail	ing address of	limited liabil	ity com	1FL 3243 pany: -2500 20 #86
- - - 3.	Ot/61/ 12-31-2018 Date of filing/registration in Florida		- 4.	L190		OO31			
	RONALD CORNETT egistered Agent and Registered Office shown on the record	ls of th	ne Flori	da Dept. of S	itate:				
R R	21036 HWY 231 # 86 F0 egistered Office Address (MUST BE FLORIDA STRE 21036 HWY 231 # 86	ETA	DDRE	FL36	<u>-</u>	}			
_	FOUNTAIN	, FL_	39	438					
Er	CONALD CORNETT INTERPOLATION OF NEW Registered Agent and/or NEW Registered Address: LOI RUSS LAKE DRIVE #	# ~	_	iddress:			SEGRE (): TALL A HASSE	2019 JAN 31 PM	
+	CALLAWAY		37	404			STATE E. FL	PM 4: 24	
the chang agent will was/were	ited liability company is not organized under the cor changes are made, the Florida street address I be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	e law s of t d lial ers of	s of the the reg bility the li	ne State of gistered off company, i mited liabi I liability c	ice an t is he lity co ompar	d the busine reby confirm ompany or as ny.	ess office o ned that th s otherwise	of the re te chan e provi	egistered ge(s)
Signature	of a member or authorized representative of a member		_	RONAL	Pri	CORNET nted or typed n	name of signe	re	· · · · · · · · · · · · · · · · · · ·
provisións the obliga to merely	accept the appointment as registered agent and s of all statutes relative to the proper and compations of my position as registered agent as proverested a change in the registered office address writing of this change.	agre lete p vided x, I h	e to a perfori for in ereby	ct in this co mance of n Chapter 6 confirm th	apacit vy duti 105, F. at the	y. I further es, and I am S. Or, if thi limited liabi	agree to co familiar v s documen ility compa	omply with an it is bei iny has	with the d accept ing filed been