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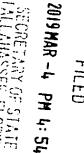
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APPROVEU AND FILED

1.03/12/19

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	:T: Kelly Ann Riggle LLC					
		me of Limit	ed Liability Company		-	
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.			
Please res	turn all correspondence concerning th	nis matter to	the following:			
Kelly Ar	nn Riggle					
	Name of Person					
Kelly Ar	nn Riggle LLC					
	Firm/Company			TALL O∺S	20191	
1311 Cı	epe Myrtle Ln			を開	1019 MAR -4	7. 7. 7. 7.
	Address					
Port Ora	ange, FL 32128			OF STA	PM 4: 54	
	City/State and Zip Code			7 50	45	
KeliyAn	nRiggle@yahoo.com					
E-m	ail address: (to be used for future ann	nual report r	notification)			
For furthe	er information concerning this matter.	, please call	:			
Kelly Ri	ggle	3 8 6	212-7333			
	Name of Person		Area Code & Daytime Teleph	one Numb	er	
R D C 26	rreet/Courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314			
E	nclosed is a check for the following	amount:				
Ø	\$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.

. Name of the limited liability company: Kelly A	nn Riggle LLC	
. Kelly Ann Riggle	(b) 1311 Crepe Myrtle Ln	_
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		:
	Port Orange, FL 32128	 -
January 11, 2019	L19000013257	
Date of filing/registration in Florida	4. Document number	
(a) United States Corporation Agents Inc		
Registered Agent and Registered Office shown on the red	·	
Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS) SECTION 1988 P. FL 33612	P.
Tampa	FI 33612	P
(b) Kelly Ann Riggle Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent Address:	registered Office address:	,
Port Orange		
e change or changes are made, the Florida street addent will be identical. Or, in the case of a Florida lim	the laws of the State of Florida, it is hereby confirmed that afte lress of the registered office and the business office of the regist nited liability company, it is hereby confirmed that the change(subers of the limited liability company or as otherwise provided of the limited liability company.	ered
Killy Kiggle	Kelly Ann Riggle	
ignature of a member of authorized representative of a member	3, 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	
ereby accept the appointment as registered agent a visions of all statutes relative to the proper and con obligations of my position as registered agent as pinerely reflect a change in the registered office addrifted in writing of this change.	and agree to act in this capacity. I further agree to comply with mplete performance of my duties, and I am familiar with and act rovided for in Chapter 605, F.S. Or, if this document is being fress, I hereby confirm that the limited liability company has bee	the ecept iled n
Mature of Registered Agent		