## 119000015589

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
, , , , , ,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Enuty Name)						
(Document Number)						
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## **COVER LETTER**

TÓ:	Registration Section Division of Corporations						
	License HH LLC						
SUBJECT: Name of Limited Liability Company							
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered	d Office Change an	d fee(s) are submitted for filing.				
Please	return all correspondence concernit	ng this matter to the	e following:				
Cynthia	ı Davies						
	Name of Person		<u> </u>				
Cindy's	Florida LLC						
	Firm/Company	<u> </u>					
8051 N	. Tamiami Trail Suite E6						
	Address						
Sarasot	a. FL 34243						
	City/State and Zip Co	ode					
apresto	n@wyominglleattorney.com						
13	-mail address: (to be used for future	e annual report noti	fication)				
For fur	ther information concerning this ma	atter, please call:					
Ashley	Preston	307	C890-E81 6000 BB				
	Name of Person	at (	)				
	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 follow	ving amount:					
	■ \$25 Filing Fee	555 Filing Fee & Certified Copy					

## 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.

	License HH LLC			
	ame of the limited liability company:			amiami Trail STE E6
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Sarastoa, Florida 34243			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Florida 34243
	01/14/2019	_	L190000155	589
3. 5. (a)	Date of filing/registration in Florida COLLINS, JASON C	4.		Document number
(4)	Registered Agent and Registered Office shown on the records of 3200 N HIAWASSEE RD SUITE 683053	the Florid	a Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>s)</u>	2022 NOV
	ORLANDO, FI	32868		
	CINDY'S FLORIDA LLC			AH 7: 3
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ac	ldress:	
	8051 N. Tamiami Trail Suite E6			——————————————————————————————————————
	NEW Registered Office Address:			-
	Sarasota, FI	34243		_
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability co of the lin	ed office and ompany, it is sited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
$\mathcal{C}$	unthia Davies	Суг	ithia Davies,	Manager
Signat	we of a member or authorized representative of a member			Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is writing of this change.	ree to act perform d for in ( hereby c	in this cape ance of my o Thapter 605 onfirm that i	icity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent