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To:	Division of Corporations Fax Number : (850)617-6383	RY OF STAT	27 AM 9
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	A	3
annual	email address for this business entity to be used report mailings. Enter only one email address plo	d for fut ease.**	ure
	LLC REGISTERED AGENT CHANGE		

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compatibility the following statement in order to change its registered office or registered agent, or both, in the Stat Florida.

1. Na	ime of the limited liability company: FOLLOV	V ME FLOR	IDA LLC	
2. (a)	4213 EXPEDITION WAY	(b) 4213 EXPEDITION WAY		
2. (")	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	OSPREY, FL 34229 FL	OSPRE	Y, FL 34229 FL	
	01/16/2019	L19000	017567	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	FŁ PRESTIGE SERVICES LLC			
). (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept of Stat	ee:	
	4213 EXPEDITION WAY			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_	
	OSPREYF	L_34229	_	
(b)	Registered Agents Inc.	<u>,                                      </u>	5585 1998	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	FE FE	
	7901 4th St N		FILED FEB 27 M MINISSEELF	
	NEW Registered Office Address.			
	STE 300		_ ORI	
	St. Petersburg	<sub>L</sub> 33702	-	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered offic liability company, it is of the limited liability	te and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	<u>' '</u>	Printed or typed name of signee	
provisi the obi to mer natifie	by accept the appointment as registered agent and of the proper and completed in the proper and completed in the proper and completed in the registered agent as provided by reflect a change in the registered office address, and its change.  Bill Havre - Assistance of Registered Agent	gree to act in this cap e performance of my ed for in Chapter 60, thereby confirm that nt Secretary	pacity. I further agree to comply with the duties, and I am familiar with and access. F.S. Or, if this document is being file the limited liability company has been	