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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Solution Mame 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:
Angel A Stitt
Firm/Company
10226 Prato St Address
Dellington FL 33414 City/State and Zip Code
Second 52 a Gaha. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angel A Stitt at (50) 2 2 5861 Name of Person 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: \$\sigma_{\sigma} \sigma_{\sigma} \sigma_{\sigma
INHS18 (2/14)

STÄTEMENT 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.

i.	Na	me of the limited liability company: Sou Many L10
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) (0 220 Proct-0 St Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Wellington Fl 33414 Wellington Fl 33414
3.		Date of filing registration in Florida 4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		<u>A</u>
		10Mpa FL 33612
	(b)	Angela Stiff
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Logaro Prato St
		NEW Registered Office Address:
		Wellington = 33414
lf t	ne li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the	chai nt w	il Daitientical) Or in the case of a Florida limited liability company it is bereby confirmed that the change of
the	aytic	te apthorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
$\frac{1}{\sqrt{s}}$	ignan	ure of a member or authorized tepresentative of a member Printed or typed name of signee
(LH	45	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the to n	ahli verz	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 writing of the captures.
_	nea al	M The state of the
Sig	e ficti	of Registered Agen

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

INHS18 (2/14)