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(Requestor's Name)	- -			
(Address)				
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2020 JUL -9 AM 7: 57 SECRETARY OF STATE

D. BRUCE AUG 23 7070 Name of Limited Liability Company

TO: Registration Section Division of Corporations
SUBJECT: KM BS
Dear Sir or Madam:
The enclosed Registered Agent/R
Please return all correspondence
Keven MOI Name of
VW 000 K

enclosed Registered	l Agent/Registered O	ffice Change and t	fee(s) are <mark>sub</mark> mitte	d for filing.

concerning this matter to the following:

2491 Linnoci

For further information concerning this matter, please call:

Name of Person at (120) 338-4982 Town

Area Code & Daytime Telephone Number 2

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 following amount:

\$4 \$25 Filing Fee

□ \$55 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.

1. Na	me of the limited liability company: WM 1855 VCV	Hives UC
2. (a)	2491 Linwood Ave (b) F	PO 130x 683528
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Maples, Fl Build C	orlando, FC 32868
3. 5. (a)	May 2020 Date of filing/registration in Florida 4. United States Carporation Against June	Document number
	Registered Agent and Registered Office shown on the records of the Plorida Dept. 55'15 5. Scroot Ut) Elyd Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	of State
	Orlando FL 3383, NO Elouse Monnius (Uise 7) Enter name of NEW Registered Agent and/or NEW Registered Office address	2 200 JULIANI PORTE PORT
	NEW Registered Office Address: NYING FL 34114	
	, F1	
change agent w was/we the artic Signatu I hereb provision the oblication of the continuous section of the continuous secti	mited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered official be identical. Or in the case of a Florida limited liability companies authorized by an affirmative vote of the members of the limited liability dies of organization or the operating agreement of the limited liability are of a member or authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete performance of gations of my position at registered agent as provided for in Chapte by reflect a change in the registered office address. I hereby confirm writing of this change.	ice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in by company. Printed or typed name of signee