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	Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	Certificates of	Status	
Special Instructions	e Filing Officer:	-	
Special Instructions to Filing Officer:			
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RA Change

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Since Vin	Aed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
William S Loss Name of Person	
Sincy Lyny LCC Firm/Company	
32743 Chippewa +	10e. 20 E
Deland FC 3272 City/State and Zip Code	O 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
William Ross at (3) Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company:	X LLC
-	Same as Paincipal Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Deland EL 32720	
3/12/2019 Date of filing/registration in Florida 4.	- 19000009643
3. Date of filing/registration in Florida 4.	Document number
5. (a) United States Corporation Agents, In Registered Agent and Registered Office shown on the records of the Florida Dept. of State	e:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
Orlando FL 32822	
(b) William S Koss	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
,	- 2 - 교육료
32243 Chippena Ave	<u> </u>
NEW Registered Office Address:	5: 00
Deland FL 32720	. · ·
If the limited liability company is not organized under the laws of the State of Flothe change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 605 to merely reflect a change in the registered office address. I hereby confirm that motified in verified of this change.	acity. 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

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

notified in writing of this change.

Signature of Registered Agent