## 19000 114318

(Re	equestor's Name)	<del></del>		
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



000352064570

09/16/20--01809--016 \*\*25.00

2020 SEP 16 PH 2: 53

JQ 10/21/20

## **COVER LETTER**

NHS18 (2/14)

го:	Registration Section Division of Corporations		
SUBJ		Name of time	ad Linkilia Company
		Name of Linut	ed Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to	the following:
Donald	i E Turner Jr		
	Name of Person		<del></del>
	Firm/Company	<del></del>	<del></del> _
504 SV	V 35th Place		
	Address	<del></del>	<del></del>
Cape C	Coral, FL 33991		
	City/State and Zip Co	de	
iturnei	rjr@aol.com		
E	E-mail address: (to be used for future	annual report i	notification)
For fu	rther information concerning this ma	itter, please call	l <del>:</del>
Donale	i E Turner Jr		883-7626
	Name of Person		Area Code & Daytime Telephone Number
	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	C	☐ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHÂNGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

6081 Silver King Blvd Unit 501 Cape Coral, FL 339	(b) 6	6081 Silver King Blvd Unit 501 Cape Coral, FL 3
Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
04/26/2019	L19	.19000114318
Date of filing/registration in Florida  Donald E Turner Jr	4.	Document number
Registered Agent and Registered Office shown on the reco	ords of the Florida De	Dept. of State:
Registered Office Address (MUST BE FLORIDA ST) 6081 Silver King Blvd Unit 501	REET ADDRESS)	2020 SEP
Cape Coral	, FL	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office addre	PH 2: 53  OF STATE SEE, FL
NEW Registered Office Address:	<del></del>	
604 SW 35th Place		·····
Cape Corul	. FL 33991	
	1 1 -64 6	tate of Florida, it is hereby confirmed that after
limited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of	of the registered of ited liability computers of the limited of the limited liab	npany, it is hereby confirmed that the change(s ed liability company or as otherwise provided
e or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the mem	of the registered of the liability computers of the limited of the limited liab	npany, it is hereby confirmed that the change(sed liability company or as otherwise provided ability company.