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

FO: Registration Section Division of Corporations						
Daintree Living LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Arnaud Manas						
Name of Person						
Firm/Company						
1414 Lee Ct						
Address						
Lake Worth, FL 33461						
City/State and Zip Code						
hello \widehat{g} daintreeliving.com						
E-mail address: (to be used for future annual re	eport notification)					
For further information concerning this matter, pleas	se call:					
Arnaud Manas	262 444-7599					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amo	unt:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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	ame of the limited liability company: Daintree Living L	1.C			
2. (a)	1555 S Forland Huy #305 Delray Reach 33483		(b) 1555 S Federal Hwy #305, Delray Beach 33483		
\	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	05/06/2019	-	L.190001217	<u> </u>	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Arnaud Manas Registered Agent and Registered Office shown on the records of the Florida Dept. of State			75] is pro-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			 '-	
	1555 S Federal Hwy #305			co	
	Delray Beach , FL	33483		PH	
(b)	Arnaud Manas Enter name of NEW Registered Agent and/or NEW Registered Office address			2: 1:2	
	NEW Registered Office Address			-	
	1414 Lee Ct				
	Lake Worth, FL	33461		-	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility of the l	ered office and company, it is imited liability	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in	
	ARNAUD MA				
Signa	ture of a facilities of authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have	perfor Uför it	mance of my 6 1 Chapter 605,	htties, and I am familiar with and accept , F.S. Or, if this document is being filed	
Signatu	re of Registered Agent				