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2019 SEP - 4 MH ID: 28

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: 4							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Darlene R. Gimble Name of Person	, Esq.						
Gimble Law, P.A. Firm/Company	 						
200 S. Andrews Avenue, #100							
FF Lauderdale, Fr City/State and Zip Code	33301						
Damble aimble law. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Darlene R. Gimble, Esque	GGH, 351-747U 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:							
\$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: Shane Justin	1, L	<u> </u>	
2. (a)	3896 W. Commercial Brd(b) Sc	arr	70	
(,	Principal office address of limited liability company: Mail	-	ss of limited liabi	
			Note: MA	<u>Y BE POST OF</u>	·ICE BON
		lamarac, 12 33309			
		May 7,2019 L190	ND()	1239	57
3.		Date of filing/registration in Florida 4. Do	ocument	number	
5.	(a)	Shalanda Xavier			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	/ -1		
		1870 N. Corporate Lakes Bli	VOL		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		# 2604041		20 1.	
		Weston		198	• • •
(b)	Gimble Law, P.A.		EP -4	programme and comp
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			, . ;
		200 S. Andrews Avenue		子宫 2000 2000 2000 2000 2000 2000 2000 20	
		NEW Registered Office Address:		∺m ∞	
		Suite IDU			
		Ft. Lauderdale . Fl 33301			
the age was	cha nt v :/we	limited liability company is not organized under the laws of the State of Florid ange or changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is he were authorized by an affirmative vote of the members of the limited liability couplings of organization or the operating agreement of the limited liability company.	nd the bu ereby co ompany	usiness office of infirmed that t	of the registered he change(s)
	(Shar Shar		Strain	
	_	•		yped name of sign	
pro the to n	visi obl iero	why accept the appointment as registered agent and agree to act in this capacity sions of all statutes relative to the proper and complete performance of my duty obligations of my position as registered agent as provided for in Chapter 605, Fixely reflect a change in the registered office address, I hereby confirm that the adin writing of this change.	iv. 1 jur. ies, and S. Or. i limited	ther agree to G I am familiar if this docume liability comp	comply with the with and accept nt is being filed any has been

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

Signaulre of Registered Agent