## 49000/39827

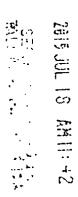
| (Requestor's Name)                      |                   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Address)                               |                   |             |  |  |  |
| (City/State/Zip/Phone #)                |                   |             |  |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |  |
| (Bus                                    | siness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |
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Y SULKER
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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |   |  |  |  |
|---|--|---|--|--|--|
| SUBJI   | Florida 5000, LLC  | <u>, , , , , , , , , , , , , , , , , , , </u> |  |  |  |
|   | Name of Limited Liability Company  |   |  |  |  |
| Dear S  | ir or Madam:   |   |  |  |  |
| The en  | closed Registered Agent/Registered Off   | ice Change and fee                            | (s) are submitted for filing.  |  |  |
| Please  | return all correspondence concerning th  | is matter to the foll                         | owing:   |  |  |
| Jacki   | e Royal, Paralegal   |   |  |  |  |
|   | Name of Person   |   |  |  |  |
| Alper   | Law, PLLC  |   |  |  |  |
|   | Firm/Company   |   |  |  |  |
| 2572  | West SR 426, Suite 1024  |   |  |  |  |
|   | Address  |   |  |  |  |
| Ovied   | do, FL 32765   |   |  |  |  |
|   | City/State and Zip Code  | _   |  |  |  |
| jroyal  | @alperlaw.com  |   |  |  |  |
| F   | E-mail address: (to be used for future and   | nual report notificat                         | ion)   |  |  |
| For fu  | rther information concerning this matter   | please call:                                  |  |  |  |
| Jacki   | e Royal, Paralegal   | 407<br>at ( )                                 | 444-0404   |  |  |
|   | Name of Person   |   | rea Code & Daytime Telephone Number  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regist<br>Divisi<br>P.O. B                    | ING ADDRESS: ration Section on of Corporations sox 6327 assee, Florida 32314 |  |  |
| Enclosed is a check for the following amount: |  |   |  |  |  |
|   | S25 Filing Fee   | □ \$55 F                                      | iling Fee & Certified Copy   |  |  |

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

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

| 1. Na                        | ame of the limited liability company: Florida 5000  | ), LLC   |   |  |
|------------------------------|---|--|---|--|
| 2. (a)                       | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (b   | )   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|                              | 1330 West Colonial Drive, Unit 110  Winter Garden, FL 34787   |  | Same  |  |
|                              |   |  |   |  |
|                              | May 24, 2019  |  | L190001   | 139827   |
| 3.                           | Date of filing/registration in Florida  | —<br>4.  |   | Document number  |
| 5. (a)                       | Alper Law, PLLC   |  |   |  |
| J. (u,                       | Registered Agent and Registered Office shown on the records of  | of the Florida   | Dept. of St   | ate:   |
|                              | Alper Law, PLLC   |  |   |  |
|                              | Registered Office Address (MUST BE FLORIDA STREET   | T ADDRESS  | 2   |  |
|                              | 2752 West SR \$26, Suite 1024   |  |   |  |
|                              | Ovido, F  | 32746  |   |  |
| (b)                          | Alper Law, PLLC   |  |   | - 18 Mill 2  |
|                              | Enter name of NEW Registered Agent and/or NEW Registered  | ed Office add  | dress:  |  |
|                              |   |  |   | 2  |
|                              | NEW Registered Office Address:  |  |   | <del>-</del>   |
|                              | 2572 West SR 426, Suite 1024  |  |   | _  |
|                              | Oviedo  | 32765  |   |  |
| the cha<br>agent v<br>was/w  | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the regis<br>liability co<br>s of the lim<br>he limited l | stered offi<br>ompany, it<br>ited liabil<br>iability co | ce and the business office of the regist<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided                                       |
| Signa                        | unce of a member or authorized representative of a member   |  |   | Printed or typed name of signee  |
| provis.<br>the obi<br>to mer | by accept the appointment as registered agent and a<br>ions of all statutes relative to the proper and comple<br>ligations of my position as registered agent as provide<br>ly reflect a change in the registered office address,<br>d in writing of this change.               | gree to act<br>te perform<br>ded for in C<br>I hereby co     | in this ca<br>ance of no<br>Chapter 60<br>onfirm tha    | pacity. I further agree to comply with y duties, and I am familiar with and ac 05, F.S. Or, if this document is being fact the limited liability company has bee |
| Signati                      | ire of Registered Agent   |  |   |  |