119000141017

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000335925020

10/29/19--01014--012 **25.00

FILED
2019 OCT 29 PM 2: 29
SECRETARI PLENE

Y SULKER NOV 1 8 2019

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FULLY	he of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Debbie Welder Name of Person				
April Market Firm/Company				
3606 eastbury	dr			
Schoolile Fl 3 City/State and Zip Code	32724			
E-mail address: (tobe used for future and	nual report notification)			
For further information concerning this matter, please call:				
Name of Person at (GO.4) 735 7688 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			

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.

l.	Na	me of the limited liability company:	Hore 11 C
2.	(a)	Principal office address of smited liability company:	1097 Oungton road Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
		Jacksonville F1 37216	Jacksonville F/3721/
		Date of filing/registration in Florida 4.	19000141017
3.		i e e e e e e e e e e e e e e e e e e e	Document number
5.	(a)	Michael Joseph Welding Jr	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of S	itate:
		1092 ouington rd	_
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		Jacksonville FL 32216	2019 SE TAI
ı	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	FILED PH 2: 29 SEPTEMBER S
		NEW Registered Office Address:	—
		1097 Ouington rd	
		Jacksonville FL 32216	<u>/</u>
the age was the	cha nt w s/we artic	imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered off will be identical. Or, in the case of a Florida limited liability company, is the authorized by an affirmative vote of the members of the limited liability company is cless of organization or the operating agreement of the limited liability of the	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in
	Ī.	ure of a member or authorized representative of a member	Printed or typed name of signee 0 J
pro the to n	visio obli nere	by accept the appointment as registered agent and agree to act in this ca ons of all statutes relative to the proper and complete performance of m igations of my position as registered agent as provided for in Chapter 6 I'v reflect a change in the registered office address. I hereby confirm the I'm writing of this change.	iv duties, and I am familiar with and accept

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

Signature of Registered Agent