## 119000 180 284

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	City/State/Zip/Phone #)				
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(Document Number)					
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## **COVER LETTER**

Division of Corporations				
SUBJECT: <u>GO TO DRA</u>				
Name of Lim	ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Joe Coale Name of Person				
Name of Person	<del></del>			
GO TO DRA LCC				
Firm/Company				
88005 Overseas Hwy 10-15	52			
Addiess				
ISlamurada, FL 33036 City/State and Zip Code				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please ca	all:			
Joe Caglie at (	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
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: <u>Un To</u>	prA			,,,,	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) _	Mailing	OverSCO3 address of limited l : MAY BE POST (	iabilit <del>y c</del> o	• -
	10-152		10-152			
	Islamorada FL 33036			da, FL 3	3036	
	7/12/19		1 19~	7180284		ļ
3.	Date of filing registration in Florida	4.	<del></del>	ment number	<del></del> -	-
5. (a)	Logan Lewis					
, ,	Registered Agent and Registered Office shown on the record	Is of the Florida De	ept. of State:			
	88005 Overseas Hwy					
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>				
	10-152			, <del>-</del>	~>	
	Islamorada	, FL <u>330</u>	36	<u> </u>	2020	
		,,		::* ::		;
(b)	Joe Cagle	1000-11			0	:
	Enter name of NEW Registered Agent and/or NEW Regist	erea Office addre	<u>:55</u> ;	•	70	1
	88005 Overseas How				ယ့်	
	NEW Registered Office Address:		<del></del>	 	55	
	10 - 15.2					
	Islamorada	. fl <u>3303</u>	6			
If the 1	imited liability company is not organized under the	e laws of the St	ate of Florida i	t ie hereby confi	rmed the	at after the
change	or changes are made, the Florida street address of	the registered of	office and the b	ousiness office of	f the regi	istered
was/w	will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe	ers of the limite	d liability comp	pany or as other	t the cha wise pro	mge(s) vided in
	icles of organization or the operating agreement of	the limited liab				
Signa	ture of a spember or authorized representative of a member	. <u> </u>	Log/1/1/	Lewis d or typed name of:	signee	
I here provisi the obl to merc	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in lete performand vided for in Cha s, I hereby conf	this capacity	I further gorce t	o comph	v with the and accept eing filed as been
Signatu	re of Registered Agent	,				