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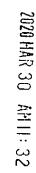
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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O SIMMONS APR 1 4 2020

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
114 Pineda, LLC SUBJECT:					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	ntter to the following:				
Carolyn McFee					
Name of Person					
114 Pineda, LLC					
Firm/Company					
3965 Hidden Oak Drive					
Address					
Pensacola, FL 32504					
City/State and Zip Code					
mgmcfee@cox.net					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, plea	se call:				
Carolyn McFee	850-698-1756				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amo	ount:				
S25 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.

1. N	ame of the limited liability company: 114 Pineda, LLC			
2. (a)	3965 Hidden Oak Drive		(b) 3965 Hid	lden Oak Drive
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 -	· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pensacola, FL 32504		Pensacola	ı, FL 32504
	07/19/19		L19000186	5861
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Kramer Litvak			
(b)	Registered Agent and Registered Office shown on the records of 40 South Palafox	f the Flor	ida Dept. of Sta	ate:
	Registered Office Address Suite 300	"ADDRE	<u>\$.\$1</u>	2020
	Pensacola, F	L32502		2020 HAR 30
	Carolyn McFee			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			API 11: 32
	3965 Hidden Oak Drive			32
	NEW Registered Office Address:			_
	Pensacola	32504		_
	, r	L		_
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the street authorized.	e registe iability of the li	red office at company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a member		- 	Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	o perfori	nance of my	duties, and I am familiar with and accept