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

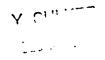
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations								
SUBJECT: 5539 Nehi Road, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Of	ffice Change and fe	ee(s) are submitted for filing.						
Please return all correspondence concerning t	his matter to the fo	llowing:						
Levin Bracken								
Name of Person		-						
Firm/Company		-						
•	407							
12273 Emerald Coast Parkway, Suite	: 107 	_						
Address								
Miramar Beach, FL 32550		_						
City/State and Zip Code		_						
Levin@brackenlawpc.com								
E-mail address: (to be used for future ar	nual report notific	ation)						
For further information concerning this matte	r, please call:							
Levin Bracken	at (792-2677						
Name of Person		Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section	LING ADDRESS: stration Section							
Division of Corporations	sion of Corporations							
Clifton Building 2661 Executive Center Circle	Box 6327 hassee, Florida 32314							
Tallahassee, Florida 32301	rana	massee, Fiorida 32314						
Enclosed is a check for the following	ig 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.

١.	Na	me of the limited liability company: 5539 Nehi Ro	ad, LL	<u> </u>				
2. (a)		215 South State Street, Suite 380	(t	(b) 215 South State Street, Suite 38				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		Salt Lake City, UT 84111	<u> </u>	Salt Lake	e City, UT 841	11		
		July 31, 2019		L1900019	95123			
3.		Date of filing/registration in Florida	4.		Document number	ਜ਼ _ਾ	21	
5.	(a)	Jeremy Bedzow			r	SEC ALI	1810	
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 621 South Federal Highway			:	AHASS	7- AON 6107	=
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 5				RY OF S	PH	ED
		Fort Lauderdale , FL 33301				5: 36 STATE LURIDA		
	(b)	Levin Bracken Enter name of NEW Registered Agent and/or NEW Registered Office address: 12273 Emerald Coast Parkway, Suite 107 NEW Registered Office Address:						
		Miramar Beach FL	32550					,
the age	e cha ent v is/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regi ability co of the lin limited	stered office ompany, it is nited liability	and the business hereby confirmed company or as o upany.	office of d that the	f the re e chang	gistered ge(s)
5	Signal	ture of a member or authorized representative of a member			Printed or typed nam	ne of signo	e	
I li pro the to he	nerei ovisi obl mere ufied	by accept the appointment as registered agent and agr foùs of all statutes relative to the proper and complete ignions of my position as registered agent as provided dy reflect o change in the registered office address, I l I in writing of this change.	ee to ac perform d for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further ag luties, and I am fo , F.S. Or, if this a he limited liabilit	ree to co umiliar w locumen y compa	omply v vith and t is bein ny has	vith the l accept ng filed been
Sig	gnatu	re of Registered Agent						