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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone #) | |
| _ | ☐ WAIT | MAIL |
| (Bu | siness Entity Name) | |
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| Certified Copies | _ Certificates of | Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

INHS18 (2/14)

| O: Registration Section Division of Corporations |
|---|
| UBJECT: Description of Limited Liability Company |
| ear Sir or Madam: |
| he enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| Sherman T. Cooley Name of Person |
| Describer Filmers LLC Firm/Company |
| 7263 LAWN TENNIS LA Address |
| DACKSCAVILLE FL. 300 32277 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| Sher Man Cooky at (904) 237-9578 Name of Person Area Code & Daytime Telephone Number |
| |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 |
| Enclosed is a check for the following amount: |
| \$25 Filing Fee |

LIMITED LIABILITY COMPANY

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

Florida. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability cor (Note: MAY BE POST OFFICE L (Note: MUST BE STREET ADDRESS) 9 - 9-2019 3. (MUST BE FLORIDA STREET ADDRESS) Registered Office Address **NEW** Registered Office Address: acksonville If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a the change or changes are made, the Florida street address of the registered office and the business office of the reg agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has knotified in writing of this change.

Signature of Registered Agent

Signature of a member or authorized representative of a member