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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•
SUBJ	Re Re	marquable, <b>L</b> L	С
OCIA		ne of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to the fo	ollowing:
Jose	oh H. Littky		
	Name of Person		_
	Firm/Company		_
4544	Mediterranean Circle		
	Address		_
Palm	Beach Gardens, Florida 33418		
	City/State and Zip Code		_
josep	hlittky@gmail.com		
Ť	-mail address: (to be used for future and	nual report notific	ation)
For fu	rther information concerning this matter	, please call:	
Josep	oh H. Littky	561	385-4131
	Name of Person	u. (	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:
	Registration Section		stration Section
	Division of Corporations		sion of Corporations
	Clifton Building 2661 Executive Center Circle		Box 6327
	Tallahassee, Florida 32301	ı alla	ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	<b>☑</b> \$25 Filing Fee	<b>□</b> \$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.

(a) .	340 Royal Poinciana Way	(t	340 Ro	oyal Poinciai	na Way	_
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<del></del> '	/ <del></del>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  30x 402		
	P.O. Box 402		P.O. B			
	Palm Beach, FL 33480		Palm B	Beach, FL 33	3480	
	Date of filing/registration in Florida	4.		Document n	ıumber	
(a)	Joseph H. Littky					
			a Dept. of St		. شت	_
	Registered Office Address (MUST BE FLORIDA STR. 515 North Flagler Drive, #1700  West Palm Beach  Joseph H. Littky	EET ADDRES. , FL 33401	<u>S)</u>		PECRETARY OF ST	
(b)	515 North Flagler Drive, #1700	, FL 33401	<u> </u>		OF STA	
(b)	515 North Flagler Drive, #1700  West Palm Beach  Joseph H. Littky	, FL 33401	<u> </u>		PECRETARY OF STATE	
(b)	515 North Flagler Drive, #1700  West Palm Beach  Joseph H. Littky  Enter name of NEW Registered Agent and/or NEW Regis	, FL 33401	<u> </u>		PECRETARY OF STATE MALLAHASSEE, FLORIDA	

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael I. Cutler  $_{\scriptscriptstyle -}$   $\subset$ Printed or typed name of signee Signature of a member or authorized representative of a member

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

Signature of Registered Agent