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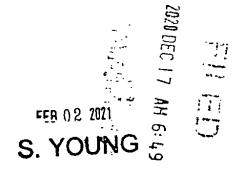
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(,,,,,
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(Business Entity Name)
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	KAREN LYNN MACDONALI) PROPERTIES, LL	С
		Name of Limited I	Liability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	g this matter to the	following:
Karen L	ynn MacDonald		
	Name of Person		
	Firm/Company		
2929 Ba	nyan Lane		
	Address	_	
Lake Pa	rk. FL 33403		
	City/State and Zip Coo	le	
—— <u>E</u> -	mail address: (to be used for future	annual report notil	lication)
For furtl	her information concerning this mat	iter, please call:	
Karen L	ynn MacDonald	561 at (633-3793
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 follow	ing 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.

) _	929 Banyan Lane			2929 Ban	yan Lane				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing add		limited lia	_	
,	Lake Park, FL 33403	_		Lake Park	. FL 3340.	3		_	
		-	-						_
_	10/18/2019		Ĺ	19000264					
ı) _	Date of filing/registration in Florida Charles T. Weiss	4.			Documer	น กแก	nber		
_	Registered Agent and Registered Office shown on the records of th	e Florio	da E	ept, of Sta	- ie:				
	712 U.S. Highway One, Suite 301-2								
i	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>(S)</u>		_				
	North Palm Beach . FL	3408			-				
ŀ	Karen Lynn MacDonald							2020 DEC	
F	inter name of NEW Registered Agent and/or NEW Registered C	office a	ddr	ess:				30	٠ ،
	2929 Banyan Lane						1-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	C 17	. 11
	NEW Registered Office Address:				_		1) T 4 **	AM 6	3. 20 0
-					_			61:9	*6 we
	Lake Park	3403							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

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

, Na	me of the limited liability company: KAREN LYNN A	MACDO	DNALD PRO	PERTIES, LLC	·		
i. (a)	2929 Banyan Lane	(b) 2929 Banyan Lane					
· (··)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MAY		•	
	Lake Park, FL 33403		Lake Park	:, FL 33403			
	10/18/2019		 L19000264	272			
3.	Date of filing/registration in Florida	4.		Document n	umber	•	
5. (a)	Charles T. Weiss						
,, (u)	Registered Agent and Registered Office shown on the records of 712 U.S. Highway One, Suite 301-2	te:					
	Registered Office Address (MUST BE FLORIDA STREET)						
	North Palm Beach FI.	33408		-		.2	
(b)	Karen Lynn MacDonald				. 70	zezo dec i	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				11		
	2929 Banyan Lane				r: Na Na	HA I.	, m. t
	NEW Registered Office Address:					6:49	***
	Lake Park, FL	33403				_	
:hange igent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li	red office an company, it i mited liabilit	nd the busines; is hereby conf ty company of	s office of irmed that	the regi	istered .nge(s)
/	Garan Lynn Muclosula	/ <u>K</u>	iren Lynn Ma				
	are of a member or authorized representative of a member			Printed or type		-	
provisi he obl 0 mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is I in writing of this change.	perfori d for in hereby	ct in this cap nance of my Chapter 602 confirm that	acity. I furtheduties, and La furies, and La furifies, Or, if the limited lic	er agrec to am familia this docum ability com	o comply ir with c ient is b ipany he	with the accept of the condition of the
Signatu	th writing of this change. (Apr. Lynn MacLlonal) re of Registered Agent	i port					