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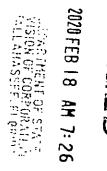
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MAR 1 1 2020 S. YOUNG

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
CHDI	A STEP FORWARD L.L.C.				
3013	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to th	e following:		
LOVI	ETTE DOBSON				
	Name of Person				
INCF	TLE.COM LLC				
	Firm/Company				
1735	0 STATE HWY 249 STE 220				
,	Address				
HOU	STON TX 77064				
	City/State and Zip Code		_		
EFIL	E1234@INCFILE.COM				
	E-mail address: (to be used for future ann	iual report not	ification)		
For fu	erther information concerning this matter,	please call:			
LOV	ETTE DOBSON	855 at (829-9090		
	Name of Person	(Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	F C F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
	Enclosed is a check for the following 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.

l. Na	me of the limited liability company: A STEP FORM	WARD	L.L.C.	
2. (a)		_ (b)	ı	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		λ	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2919 ELAINE AVE. N		2919 EL	AINE AVE. N
	LEHIGH ACRES, FL 33971	_	LEHIGH	ACRES, FL 33971
	11/27/2019	!	_1900029	2777
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS		Dept. of State	2020 FEB 18
	Registered Office Address (MUST BE FLORIDA STREET A 5575 S. SEMORAN BLVD. SUITE 36	DDRESS)		THE STATE OF
	ORLANDO , FL	32822		26
(b)				
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
	LEGALINC CORPORATE SERVICES INC.			
	NEW Registered Office Address:			
	5237 SUMMERLIN COMMONS SUITE 400			
	FORT MYERS , FL	33907		
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi	tered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
To	misha NBurrowes	TAN	IISHA N E	BURROWES - MGR
-	ure of a member or authorized representative of a member			Printed or typed name of signee
I hereb provision the oblit to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h	e to act performa I for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Partly Sclimenti

notified in writing of this change.