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	Address)			
	Address)			
	City/State/Zip/Phone #)			
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COVER LETTER

Division of Corporations	
INSPIRING HEIGHTS LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	matter to the following:
Edmund Milford	
Name of Person	
Milford Consulting, LLC	
Firm/Company	
4327 S. Hwy 27, Suite 419	
Address	
Clermont, FL 34711	
City/State and Zip Code	
ed.milford@milfordtaxandaccounting.com	
E-mail address: (to be used for future annual	il report notification)
For further information concerning this matter, ple	lease call:
Edmund Milford	352 901-2573 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an	mount:
■ \$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.

(a) _		(b)	
, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	14621 CROSSTON BAY CT ORLANDO, FL 32824		21 CROSSTON BAY CT ORLANDO, FL 32824
	02/10/2020		KKKH7235
	Date of filing/registration in Florida	4.	Document number
(a)			
` '	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC.	Tthe Florida Dept	, of State:
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	5575 S. SEMORAN BLVD. SUITE 36		 21
	Orlando , F	32822	2070 JUL 22
(b)			22
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
	Milford Consulting, LLC		. <u> </u>
	NEW Registered Office Address:		
	4327 S. Hwy 27. Suite 419		
	Clermont	34711	
ang ent	dimited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members cicles of organization or the operating agreement of the case of a member or authorized representative of a member	ne registered of liability compa s of the limited ne limited liabi	any, it is hereby confirmed that the change(s) liability company or as otherwise provided lity company. IARIE PINTO
	N COMMON COLONIA MARKED		Printed or typed name of signee