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(Re	equestor's Name)				
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Certified Copies	Certificates	s of Status			
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT:		,
		Name of Limited L	iability Company
Dear Si	r or Madam:		
The enc	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	g this matter to the	following:
Brenda (Gregory		
	Name of Person		
LLHO I	J.C		
	Firm/Company		
8014 Vi	a Dellagio Way Ste 200		
	Address		_
Orlando	F1. 32819		; ;
	City/State and Zip Coo	le	
brenda@	Hondonhouse.life		
E-	mail address: (to be used for future	annual report notif	ication)
For furt	her information concerning this mat	iter, please call;	
Brenda (Gresori.	-407 at (760-2074
	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

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.

I. N	lame of the limited liability company: LLHO LLC				
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(**	, 	Mailing address of limited liability (Note: MAY BE POST OFFICE	company:
	7988 Via Dellagio Way		8014 Via	Dellagio Way Ste 200	
	Orlando FL 32819		Orlando F	FL 32819	
	04/21/2020		L20000108	3521	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Sta	ite:	
	Benjamin A Becton				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	7988 Via Dellagio Way			_	
	Orlando F	L 32819		~>	Ž.,
				20 GC1 Zn	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(b)					٠,
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	iress:	2	4 785
	Brenda Gregory				- : 연드
	NEW Registered Office Address:				# 157 5
	8014 Via Dellagio Way Ste 200				មា ខ
	Orlando	. 32819			
	, t			_	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited by the authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere iability con of the limited li	d office ar mpany, it i ited liabili	nd the business office of the re is hereby confirmed that the cl ity company or as otherwise pr	gistered hange(s)
Sign	ature of a member or anthorized representative of a member	<u> </u>		Printed or typed name of signee	
provis the ob to men natific	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It also writing of this change.	ree to act e performa ed for in C hereby co	in this cap nce of my hapter 60, nfirm that	pacity. I further agree to comp duties, and I am familiar with 5. F.S. Or, if this document is the limited liability company	oly with the vand accept being filed has been
Signat	ure of Registered Agent				