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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: 6110 Davie Name of L	Hoights LLC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Robert W. Mart	
Firm/Company	
Sou Sandelwood	Lane
Plantation, FL City/State and Zip Code	33317
Gacht Specialist E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Robert W. Martnat (305 710-3953 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 following amoun	ıt:
2 \$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.

	ume of the limited liability company: 6110 Davie Heights CCC
2. (a)	500 Sandelwood Lane, Plantation, FL33317
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5-12-2020
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Robert William Moutin Trust dated - 4-30-2020
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	500 Sandlewood Lane, Plantation, Fl 33317
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	202 7 عند المحادث ال
(b)	Heyer Tour + associates. Inc.
	Enter name of NEW Gegistered Agent and/or NEW Registered Office address:
	Heyer Tax + associates IInc.
	NEW Regulered Office Address:
	8569 Pines Blud # 216
	850-1 11100 0:00 = 0:10
	Pembroko Pines FL 33004.
	TEMPORE RIVERS
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in classifyorganization or the operating agreement of the limited liability company.
T	lit w Mart Bobert w. Martin.
Signa	ure of a member or authorized representative of a member Printed or typed name of signee
rovisi ne obl nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been fin writing of this change.
gnatu	1) M A SUMS Te of Registered Agent