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## COVER LETTER

Division of Corporations		
House X Florida LLC		
SUBJECT:		
Name	of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change ar	d fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to th	e following:
William H. Farrell		
Name of Person	<del></del>	
Farrell Law Group, PLLC		
Firm/Company		<del></del>
1712 University Club Drive		
Address		
Austin, Texas 78732		
City/State and Zip Code		<del></del>
william@farrellpllc.com		
E-mail address: (to be used for future annua	report not	fication)
For further information concerning this matter, ple	ease call:	
William Farrell	512	628-9565
	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 am	iount:	
S25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy
INHS18 (2/14)		

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## 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.

House X Florida LLC

. Na	me of the limited liability company:			
. (a)	1689 Hamilton Court	(b	1712 Unive	ersity Club Drive
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Dunedin, FL 34698	_	Austin, Tex	failing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) as 78732
	5/20/20	<del></del>	1.200001370	773
(a)	Date of filing/registration in Florida Onis Duffy	4.	1	Document number
(α,	Registered Agent and Registered Office shown on the records of the 1689 Hamilton Court	he Florida	Dept. of State:	:
	Registered Office Address	DDRESS	1	
	Dunedin FL_	34698		r 3
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del>	•
		Office add	<u>iress</u> :	
	Jeff Popick			
	NEW Registered Office Address: 1083 N. Collier Blvd, #404			
		34145		
ange ent w is/wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	egistered oility con the limi	d office and npany, it is l ted liability ability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in hany.
	with			m faracu
_	re of a member or authorized representative of a member y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete po- gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act i erforma for in Ci reby con		Printed or typed name of signee with the with the thick, and I am familiar with and acceptes. Or, if this document is being filed to limited liability company has been