L20000151945

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Statement

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	ECT: 8031 N MILITARY LLC					
50001	Nati	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to th	e following:			
Jack B.	Owen. Jr.					
	Name of Person					
Owen I						
	Firm/Company					
4500 P	GA BLVD., Suite 200					
	Address					
Palm B	leach Gardens, FL 33418					
	City/State and Zip Code		 -			
jowen@	Bowenlaw.net					
E	-mail address: (to be used for future and	nual report not	tification)			
For fur	ther information concerning this matter	, please call:				
Jack B.	Owen, Jr., Esq.	561 at (622-4521			
	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 following	g amount:				
	■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			
INHS18	8 (2/14)					

STATEMENT OF AUTHORITY

authority:		8031 N MILIT	'ARY LLC	
FIRST: The name	e of the limited liability compar	ny is:		<u> </u>
SECOND: The F	lorida Document Number of th	e limited liability cor	mpany is: L20000151945	
	et address of the limited liabilit th Military Trail		al office is:	
Palm Bea	ich Gardens, FL 33410			2023 JUI 22
	iling address of the limited liab	oility company's princ	cipal office is:	22 PH
Palm Bea	ach Gardens, FL 33410			
position of a perso person on the follo 1. May	statement of authority grants or n in a company, whether as a mowing: execute an instrument transferr Granted to: Matthew Brow	nember, transferee, n	nanager, officer or otherwise	e or to a specific
1	o. No authority granted to:			-
	r enter into other transactions of Matthew Bro	n behalf of, or otherw	vise act for or bind, the com	pany.
	5. No authority granted to:			- - -
M			Matthew Brown	
Signature of autho		ng Fee: \$25.00 tified Copy: \$30.00		of signature