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COVER LETTER

TO: Registration Section Division of Corporations

F747 LLC

SUBJECT:	.,			
Name of Limited	I Liability Company		_	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	he following:			
Name of Person				
Name of Person				
F747 LLC				
Firm/Company				
5611 N. WINSTON RK BUD Address				
City/State and Zip Code	<u>i73</u>	SECRE I	2020 JUL 21	
E-mail address: (to be used for future annual report no	tification)	HASSEE,	21 PH 4:43	
For further information concerning this matter, please call:			: <u>L</u> 3	
DENEMY VINN at (75)	4 , 213-9663		_	
Name of Person	Area Code & Daytime Telephone	Numb	er	
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 Tallahassee, FL 32303	810		
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INH\$18 (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.

1. N	ame of the limited liability company: $\underline{\qquad \not\vdash 74}$	7 6	1.CC			
2. (a)	4233 W. HIUSBIRO BUD Principal office address of limited liability company:	(b)	`		970066 dress of limited liab	(0(0): 11 17-11
	(Note: MUST BE STREET ADDRESS)		1	_	LAY <u>BE POST OF</u>	
	Councit Crock, FL 33097					
		. .				
	07/01/2020	_	L2	000	017902	3
3.	Date of filing/registration in Florida	4.		Docume	nt number	·
5. (a)	5611 N.WINSTA PK BLVG	> #2	-5			
	Registered Agent and Registered Office shown on the records of t		Pept, of State	;		
	(ocanut Creek, FL 33073	\$				
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
					C/S	2
	FI.				TAL TAL	020 .
					E A A	
(b)	JEREMY DINN				HAS	2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	<u>ress</u> :			P [7]
	42-33 W. HILLSBORD B.	CUD			SPAI	E O
	NEW Registered Office Address:				£17 (ω
	Coconet Creek .FL	<u>33</u>	097			
If the I	imited liability company is not organized under the law	s of the S	tate of Flo	rida, it is	hereby confirm	ned that after the
change	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	registered	office and	l the busi	ness office of th	ne registered
was/w	ere authorized by an affirmative vote of the members of	f the limite	ed liability	compan		
the art	icles of organization of the operating agreement of the	imited lia	bility com	pany.		
Signa	ture of a member or authorized representative of a member			Printed or	typed name of sign	lee
1 here	by accept the appointment as registered agent and agra	e to act in	i this capa	city. I fi	erther agree to c	comply with the
morre	ons of all statutes relative to the proper and complete to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	16+1+f+15+917317	re ot my d	utive an	d Lam familiar	with and accent
to mer notifie	ely reflect a change in the registered office address, I h d in writing of this change.	ereby con, 	firm that ti	he limite	d liability comp	any has been
-0'						
Signati	re of Registered Agent					
	Division of Corporations P.O. B FILING FI			see, FL 3	32314	