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| (Requestor's Name) |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: A.R. Richmend ASS | sociates UC |
| Name o | of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this m | natter to the following: |
| Ashley Richmond Name of Person | |
| A.R. Richmond Associates LLC Firm/Company | |
| 668 SW Glen Crest Way Address | |
| Stuart, FL 34997 City/State and Zip Code | |
| E-mail address: (to be used for future annual | report notification) |
| For further information concerning this matter, ple | ease call: |
| Ashley Richmond : | at (847) 975-1100 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 am | ount: |
| ☎ \$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.

| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS) (Note: MUST BE FOR OFFICE BOX) (Note: MUST BE FLORIDA STREET ADDRESS) Document number (a) AShley R. Chm Dnd Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Lobb SW (Alen Crest Way Struct FL 34997 Janice Quinn Enter name of NEW Registered Agent and for NEW Registered Office address: NEW Registered Office Address NEW Registered Office Office Address NEW Registered Office Office Address NEW Registered Office A | a) . | | _ (b |) | | |
|--|------|--|------------|----------|---------------------|------------------------------|
| Stuart, FL 34997 B/13/2020 Date of filing/registration in Florida AShley Richmand Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address WUST BE FLORIDA STREET ADDRESS Wart | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | • | |
| Date of filing/registration in Florida AShley Richmond Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address Must be Florida Street Address | | 668 SW Glen Crest Way | _ | | 668 SN G | len Crest Way |
| Date of filing/registration in Florida A. Document number (a) AShley Richmond Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address Bob Sw Glen Crest Way | | Stuart, FL 34997 | _ | | wart, FL | 34997 |
| Date of filing/registration in Florida 4. Document number (a) AShley Richmond Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 668 SW (Alen Crest Way Struct FL 34997 Enter name of NEW Registered Agent and/or NEW Registered Office address NEW Registered Office Address: A A FL 34997 FL 34997 FL 34997 FL 34997 FL 34997 A A NEW Registered Office Address: A A NEW Registered Office Address: A A FL State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided articless of organization or the operating agreement of the limited liability company. A Shley Remand Printed or typed name of signce | | 8/13/2020 | | | LZØØØØ | 247392 |
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| Strart | | | | | | |
| Strart Strart Strart Strart Strart FL 34997 Strain Ce Qvinn Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: NEW Registered Office Address: FL Strain Company is not organized under the laws of the State of Florida, it is hereby confirmed that after ge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided rticless of organization or the operating agreement of the limited liability company. Ashley Rehmond Printed or typed name of signee | | | | | | |
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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent