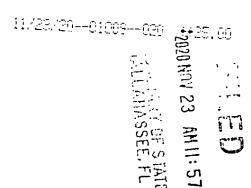
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT. DIVORANTI ON SUBJECT	d 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 t	he following:
TEOSHA STREETER Name of Person	
ENCHANTED JMEUS Firm/Company	
Let NW 76th STREET APTER	
Mumi, Florida 33158-3583 City/State and Zip Code	
Enchanted. In ENCO YAHOO. COM E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
TEOSHA STREETER at (78) 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 amount:	
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.

1. Name	e of the limited liability company: ENCNG	nted	Wismil		
	I NOW TURN TITEET APT 41 4	(b)			
2. (a) <u>15</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(17).		ddress of limited liability company MAY BE POST OFFICE BOX)	
<u> 1</u>	Mianni, Florida 33158-3583				
	10-16-3030 Date of filing/registration in Florida USGAL 2004 [MM] A STATE	4. \(\)\(\)\(\)\(\)	Docum	2338997 ent number	
Re	egistered Agent and Registered Office shown on the records	of the Florida D	ept. of State:	,	
_	5575 S. JEMOY an Blyd Just E egistered Office Address (MUST BE FLORIDA STREE			2020 NI	
- (b)	Criando TEDSHA STREETER	FL_338	\ \ \ \ \	020 NOV 23 MHII: 5.	:
_	THE Registered Office Address:		<u>ess</u> :	57 ATE	
-	Micon.	fl <u> 3315</u>	2 <u>·358</u> 3		
change of agent will was/were the article	ited liability company is not organized under the rehanges are made, the Florida street address of the identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization or the operating agreement of the identical authorized by an affirmative vote of the member of organization or the operating agreement of the identical authorized by a second control of the identical authorized by an affirmative vote of the identical authorized by a second control of the identical authorized by an affirmative vote of the identical authorized by a second control of the identical authorized by	the registered Hiability comes of the limit he limited lia	office and the bupany, it is hereby ed liability company. LAR T	isiness office of the registers y confirmed that the change(any or as otherwise provided RESTER	ea (s)
I hereby provision the obliga- to merely notified i	e of a member or authorized representative of a member accept the appointment as registered agent and as of all statutes relative to the proper and compleations of my position as registered agent as proviewellect a change in the registered office address, in writing of this change.	ue perjormai død for in Cl	n this capacity. I uce of my duties, o	Or if this document is being	filed
Signature	of Registered Agent				