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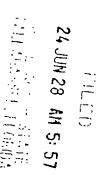
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southern Harrison)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

SUBJECT: Angels by Your Side Caroup homes Name 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 matter to the following:
Arrbox Powell Name of Person
Angels by Your Side Group Lones IIC
2360 Chaucey 5t. Address
Clear Water FL 33765 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same of Person Kukulpaar 515) 451 2665 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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

Division of Corporations

TO:

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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearmater	
	FL 337E.5	
	Date of filing/registration in Florida 4.	2000359102 Document number
a)	Chands Yi Thurwage Registered Agent and Registered Office shown on the records of the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Clearwater	24 JUN 24 JUN 1
	FL_ <u>3376</u> 5	28
b)	Amber Pasell	- ED
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	- 57
	NEW Registered Office Address:	
	Clear 120184 FL 3376	C

If the limited hability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent