## 1200000386161

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(orgroundizipi none n)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Opecial instructions to 1 ming Officer.		
J. HORNE		
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: Mystle's Haven Name of Lin	nited 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:		
Shanay Duncan Name of Person	<del></del>	
Myrtle's Hoven LC Firm/Company		
475 Sherman ST. Address	<del></del>	
Palm Bay 32909 City/State and Zip Code		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter, please call:		
Shanay Duncan at (	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:		
<b>≥</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

## 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 of the limited liability company: Myrtle's HAVEN	ille
Principal office address of limited liability company: Mai	NERLER ST. Palm Bay 329 ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	DD386/6/
3. Date of filing/registration in Florida 4. Do	ocument number
5. (a) Analisa Duncan Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  HID MERCES ST NW Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Please remove Analisa Duncon as the title mar as well. Thank you
(b) Shanay Duncan Enter name of NEW Registered Agent and/or NEW Registered Office address:	
HID MERCER ST. NW NEW Registered Office Address: Palm Bay	FALL WHASSEL
.FL32907_	
If the limited liability company is not organized under the laws of the State of Floric change or changes are made, the Florida street address of the registered office and the agent will be identical. Or, in the case of a Florida limited liability company, it is howas/were authorized by an affirmative vote of the members of the limited liability of the articles of organization or the operating agreement of the limited liability company.	ne business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in
Signature of a member or authorized representative of a member  Shanay	Duncan rinted or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capaci provisions of all statutes relative to the proper and complete performance of my dut the obligations of my position as registered agent as provided for in Chapter 605. F to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	ty I further agree to comply with the
Signature of Registered Agent	