## L23000104529

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SECRLIARY OF STALLAHASSEE, FL

3 MAY -8 AMIO: 2

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: Caroling Pare	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	g this matter to the following:			
Noncy Orthod Name of Person				
Carolina Masonny 1/c Firm/Company				
100 N. 03 Hwy 27 Address	Suite A			
Minneolo Fl 3471 City/State and Zip Cod	15 de			
Carolina, Masonn, Q. yah, E-mail address: (to be used for thiure	oo.com annual report notification)			
For further information concerning this mat	tter, please call:			
Howard Dittnich Name of Person	at ( 352 ) 536-3563  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 follow	ring amount:			
2 \$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.	Na	Name of the limited liability company: Carolina Povers 11c	
2.	(a)	·	LOS HOY 27
			ing address of limited liability company:  ote: MAYBE POST OFFICE BOX)
		Minneola FT 34715 Suit	e A
		Minne	ola FI 34715
			000104529
3.			cument number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		390 North Orang Ave STE 2300-N	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
			<b>7</b> 6. <b>21</b>
		Orlando .FL 32801	FIL 2029 MAY -8 TALLAHASS
	(h.)	Nancy Orthrich	MAY-8 AM 10: 29  CINCTARY OF STATE LAHASSEE, FLORIDA
1		Enter name of NEW Registered Agent and/or NEW Registered Office address:	SEE.
		100 11 00	MID: 29 OF STATE E. FLORIO
		NEW Registered Office Address	* <b>29</b>
		Suite A	
		Minneola FL 34715	
cha age was	nge nt w s/we	limited liability company is not organized under the laws of the State of Floridage or changes are made, the Florida street address of the registered office and the will be identical. Or, in the case of a Florida limited liability company, it is her were authorized by an affirmative vote of the members of the limited liability conticles of organization of the operating agreement of the limited liability company.	e business office of the registered reby confirmed that the change(s) impany or as otherwise provided in y.
	_	nature of a member or authorized representative of a member Prin	nted or typed name of signee
pro the to n not	visio obli nere ifica	weby accept the appointment as registered agent and agree to act in this capacity sions of all statutes relative to the proper and complete performance of my dutiently bligations of my position as registered agent as provided for in Chapter 605, F.S. wrely reflect a change in the registered office address, I hereby confirm that the I get in writing of the change.	v. I further agree to comply with the is, and I am familiar with and accept S. Or, if this document is being filed iinited liability company has been
		Division of Corporations P.O. Box 6327 Tallahassee,	, FL 32314

FILING FEE: \$25.00