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(Requestor's Name)
(Address)
(Address)
(Cit. (Co.) (7) (D) (1) 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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ALLAHASSEE FLORI

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mipley Fun Name of Limited I	ZONQ 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:		
Name of Person			
Milly Fin Zone UC	<u> </u>		
1184 Mayhaw (m	······································	2024 AUG 12	
MiDly F1 3242 City/State and Zip Code	78	12 PH 12: 00	
E-mail address: (to bufused for future annual report not	(fication)	2: 00	
For further information concerning this matter, please call:			
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:			
S25 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. Nan	ne of the limited liability company: Chipley Fon Tone (<u>(</u>
2. (a) _	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE)	
!		
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	2
~	7901 (HL St.) Ste 300 8. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2024 AUG 1
	St. poterseburg FL 33702	2 PH 12: 00
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	00
;	NEW Registered Office Address.	
	Chipley FL 32428	
change agent w was/we the arti	mited liability companies not organized under the laws of the State of Florida, it is hereby confirmed or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the cree authorized by an affirmative vote of the members of the limited liability company or as otherwise peles of organization or the operating agreement of the limited liability company.	change(s) provided in
Signat	ure of a member or authorized representative of a member Printed or typed name of signice	
- provisi - the obl - to merc - notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to consons of all statutes relative to the proper and complete performance of my duties, and I am familiar witing the proper and complete performance of my duties, and I am familiar witing the position as registered agent as provided for in Chapter 605, F.S. Or, if this document of the registered office address, I hereby confirm that the limited liability company is a writing of this change.	apty with the th and accept is being filed y has been
Signatu	Te of Registered Agen	