M16000008914

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

Office Use Only



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TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Wednesday, October 04, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For 1954, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: 1954, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Theodore Dance						
Name of Person						
1954, LLC	·					
Firm/Company						
518 Churchill Rd						
Address						
W Palm Beach, FL 33405	·					
City/State and Zip Code						
teddance 19560 a mail. (30) E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, please	e call:					
Theodore layer at (Area Code & Daytime Telephone Number					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301	i diialiassee, Tivilua 32314					
Enclosed is a check for the following amou	ınț:					
\$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. Na	ame of the limited liability company: 1954, LLC				
2 (a)	1954, LLC	(հչ 19	54, LLC	,
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (·)	Mailing address of limite	
	518 Churchill Rd		51	8 Churchill Rd	
	W Palm Beach, FL 33405	_	w	Palm Beach, FL 33405	
	10/21/2016		m	160000088 [4
3.	Date of filing/registration in Florida	4.	•	Document number	
5. (a)					
, ,	Registered Agent and Registered Office shown on the records of	the Florid	la Dept.	. of State:	
	BUSINESS FILINGS INCORPORATED	·			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>\$)</u>		
	1200 SOUTH PINE ISLAND RD				
	PLANTATION ,FL	33324	1		SION OF STREET
(b)	Registered Agents Inc.				THE END 28
()	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:		1:2
	Registered Agents Inc.			· 	
	NEW Registered Office Address:				
. •	3030 N. Rocky Point Drive STE 150A				,
	Tampa,,FL	3360	7		
the cha agent v was/we the arti	mited liability company is not organized under the law nige or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ure of a member or authorized representative of a member on a complete the appointment as registered agent and agreement of all statutes relative to the proper and complete	the regulative confidence to according to the limited	istered omparanted I liabili	d office and the business of the horizontal field of t	ffice of the registered that the change(s) erwise provided in
the obli to mere notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	d for in tereby o	Chapt confirm	of my unites, and I am fam ter 605, F.S. Or, if this do n that the limited liability (cument is being filed company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Bill Havre - Assistant Secretary

Signature of Registered Agent