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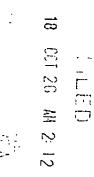
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Bocument Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: HIDDEN GEMS P	ROPERTY SOLUTIONS, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Judi Anguiano	
Name of Perso	1
HIDDEN GEMS PROPERTY SC	LUTIONS, LLC
Firm/Company	
5605 Riggins Court, Ste 200	
Address	
Reno, NV 89502	
City/State and Zip	Code
E-mail address: (to be used for fu	ure annual report notification)
For further information concerning this	matter, please call:
Judi Anguiano	at (800) 542-2077
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRE	SS: MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tantamosee, Florida (2.717
Enclosed is a check for the fo	lowing amount:
\$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: HIE	DEN GEMS PROPERTY SOLUTIONS, LLC
2. (a)	(b)
Principal office address of limited liability (Note: MUST BE STREET ADDRE	- · · · · · · · · · · · · · · · · · · ·
2017 Grayson Dr	P.O. Bex 5780
Navarre FL 32566	Navarre FL 32566
03/06/2017	M17000001913
3. Date of filing/registration in Flor	da 4. Document number
5. (a) BUSINESS FILINGS INCORPORA	TED
Registered Agent and Registered Office shown on t	ne records of the Florida Dept. of State;
1200 SOUTH PINE ISLAND F	ROAD
Registered Office Address (MUST BE FLORII	A STREET ADDRESS)
PLANTATION	, _{FL} 33324
	, rt
(h) Registered Agents Inc.	∶ ਛੋ
Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	/ Registered Office address:
3030 N. Rocky Point D	OCT 26
NEW Registered Office Address:	7
STE 150A	—————————————————————————————————————
Tampa	FL 33607 ~ ~ ~
the change or changes are made, the Florida street agent will be identical. Or, in the case of a Florid was/were authorized by an affirmative vote of the the articles of organization or the operating agreed Signature of a member of authorized representative of a member of all statutes relative to the proper and the obligations of all statutes relative to the proper and the obligations of my position as registered agent to merely reflect a change in the registered office mouthed in writing of this change.	Thomas Thompson

Division of Corporations • P.O. Box 6327 • Tallahassee, F1, 32314 FILING FEE: \$25.00

Signature of Registered Agent