(Requestor's Name)			
(Address)			
(Address)			
(lad. 000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Sosamone Nambol)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
3			

Office Use Only



900311674239

04/19/18--01004--002 **25.00

Y SULKER APR 2 0 2018

COVER LETTER

Division of Corporations				
SUBJECT: Heritage Equipment, LLC.				
	ne of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Scott Marr Name of Person				
Heritage Equipment, Firm/Company	LLC.			
2251 Sarno Rond Address				
Melbourne, FL 3293 City/State and Zip Code	35			
info @ heritage on line E-mail address: (to be used for future ann	Supply. Communication)			
For further information concerning this matter.	, please call:			
Scott Marr Name of Person	at (404) 220 - 7559 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$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: Hevitage EquiPme	ent, LLC.
2. (a)	2251 Sarno Rd. Melbourne, FL 32935 (b) 2251 Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)	Sarno Rd. Melbourne, FL 32935 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	118000000 275 Document number
5. (a)	Skye Robinson	-
	Registered Agent and Registered Office shown on the records of the Florida Dept of State	e:
	2251 Sarno Rd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	Melbourne ,FL 32935	-
(b)	Scott Marr	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	∞
	2251 Sarno Rd.	₽ PR
	NEW Registered Office Address:	SSEC
	Melbourne .FL 32935	FLORIUS
the cha agent w was/we	imited liability company is not organized under the laws of the State of Flounge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the case of a Florida limited liability company, it is the adhorized by an affirmative vote of the members of the limited liability company of organization or the operating agreement of the limited liability company.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	MAMLE, Agent fure of a member or authorized representative of a member Scott	Printed or typed name of signee
i neret provisi the obli to mere notified	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my e igations of my position as registered agent as provided for in Chapter 605 ly reflect a charge in the registered office address, I hereby confirm that a l inverting of fres change.	activ. I juriner agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent