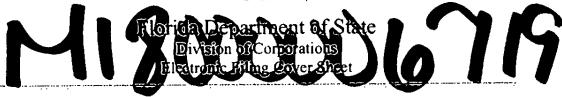
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE CHATEAU PETIT DOUY LLC

Certificate of Status	0
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JUL 1 2 2019

## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Chateau Petit Douy LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office			ng.
Please return all correspondence concerning this	matter to the	following:	
Margot Mullin			
Name of Person		<del></del>	
Registered Agent Solutions, Inc.			
Firm/Company		_ <del>_</del>	201
1701 Directors Blvd, Suite 300			1019 JUL 1
Address		<del></del>	: <u>-</u>
Austin, TX 78744			· · · · ·
City/State and Zip Code			
E-mail address: (to be used for future annu	al report noti	fication)	
For further information concerning this matter, p	olease call:		
Margot Mullin	888 at (	705-7274	
Name of Person	(	Area Code & Daytime To	elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 ellahassee, Florida 32314	
Enclosed is a check for the following a	amount:		

□ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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## 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.

I. Na	ame of the limited liability company: Chateau	ı Pet	it Douy	LLU			
2. (a)			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX 1500 BRICKELL AVE MIAMI, FL 33129				
	7/19/2018	M1800	И18000006719				
3. 5. (a)	Date of filing/registration in Florida	4.		Document	number		
	Registered Agent and Registered Office shown on the records of 17888 67th Court North  Registered Office Address (MUST BE FLORIDA STREET)	<u> · -</u> -		:	-:.*		
	The second section will be a second section of the section of the second section of the second section of the second section of the section of the second section of the section o	L334			2019 JUL 1 1 1 & 1 & 1 & 1	AFPR AFFR	
(b)	Registered Agent Solutions				··· — ,	A031	
	155 Office Plaza Dr.  NEW Registered Office Address: Suite A	a Qine			PH 3: 24	<del>[</del>	
		<sub>1.</sub> 323	301				
the chagent	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of the l	gistered office company, it is imited liabilit	e and the b s hereby co y company	onfirmed that the or as otherwise p	change(s) provided in	
	Dale Chappell	<u>D</u>	ale Chap		Manage	er	
I her provi the or to me notifi	nature of a member or authorized representative of a member of a member of a member of accept the appointment as registered agent and as sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.  Mackenzie Hart, Asst. Secretary ture of Registered Agent	gree to d le perfoi led for it I hereby	nct in this cap mance of my n Chapter 602 confirm that	acity. I fu	typed name of signee rther agree to con d I am familiar wi if this document I liability compan	nply with the th and accept is being filed y has been	