L1600095046

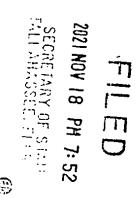
(Requestor's Name)			
	Address)			
	Address)			
(City/State/Zip/Phone #)			
, . PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer: J. HORNE DEC - 6 2021			
	11/18			

Office Use Only



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October 21, 2021

JAMES M DURANT, JR 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308 US

SUBJECT: SOUTH LEON, LLC Ref. Number: L16000095046

We have received your document for SOUTH LEON, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 621A00025611

COVER LETTER 7

TO:	_	stration Section ion of Corporations		ig.		
SUBJI	ECT:	South Leon, LLC				
		Name of Limited Liability Company				
Dear S	Sir or M	ladam:				
The en	closed	Registered Agent/Registered Office Char	nge and f	ee(s) are submitted for filing.		
Please	return	all correspondence concerning this matte	r to the fo	ollowing:		
James !	M. Dun	ant, Jr.				
		Name of Person				
Boyd &	& Durai	nt, P.L.				
		Firm/Company				
1407 P	iedmon	nt Drive East				
		Address	-	_		
Tallaha	assee, F	lorida 32308				
		City/State and Zip Code		_		
service	@boyd	llaw.net				
E	E-mail :	address: (to be used for future annual repo	ort notific	eation)		
For fur	rther in	formation concerning this matter, please	call:			
James	M. Dur	ant, Jr.	350	386-2171		
	· · ·	Name of Person		Area Code & Daytime Telephone Number		
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee. 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:					
	= \$2	25 Filing Fee	□ \$5	5 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.

I. Na	ame of the limited liability company: South Leon, LLC	.	
2. (a)	1416 Lee Avenue, Tallahassee, FL 32303	(b) PO Box 1	147, Tallahassee, Florida 32302
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	05/19/2016 Date of filing/registration in Florida	L16000095	046 Document number
5. (a)	Ausley & McMuilen, P.A.		
	Registered Agent and Registered Office shown on the records of Ausley & McMullen, P.A. Registered Office Address (MUST BE FLORIDA STREET) 123 S. Calhoun St.		
	Tallahassee	32301	_ ~ ~
(b)	James M. Durant, Jr.	L	2021 NOV SECRETA ALLAHAS
	Enter name of NEW Registered Agent and/or NEW Registered Boyd & Durant, P.L.	d Office address:	- H B B
	NEW Registered Office Address: 1407 Piedmont Drive East		- 1
	Tallahassee, F	L_32308	_ **/
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office ar liability company, it is of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
<u>\</u> a	iture of a member or authorized representative of a member	Laura Jernigan	
			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60, hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	ne of Registered Agent		
	Division of Corporations P.O. FILING	. Box 6327● Tallaha FEE: \$25.00	assee, FL 32314