

2190000 48856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

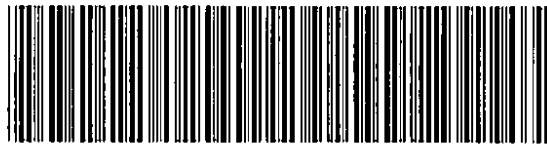
(Business Entity Name)

(Document Number)

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2019 MAR -6 PM 4:32

STATE  
TALLAHASSEE, FL

R. WHITE  
MAR 15 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Certified Cuts LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Sturgill  
Name of Person

Certified Cuts LLC  
Firm/Company

537 SE 19th St  
Address

Ocala, FL 34471  
City/State and Zip Code

certifiedcutsllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Sturgill at (352) 427-5797  
Name of Person 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

**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: Certified Cuts LLC

2. (a) 537 SE 19th St (b) 537 SE 19th St  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Ocala, FL 34471 Ocala, FL 34471

3. 2/19/2019 4. L19000048856  
 Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, INC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
~~Tampa, FL 33612~~  
Tampa, FL 33612

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 STATE  
 TALLAHASSEE, FL

(b) Stephen Sturgill  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

537 SE 19th St  
NEW Registered Office Address:  
Ocala, FL 34471

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stephen Sturgill Signature of a member or authorized representative of a member  
Stephen Sturgill Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Stephen Sturgill  
 Signature of Registered Agent