## LZZ0000Z5935

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



700400158887

01/13/23--01006--008 \*\*25.00



Office Use Only

TO: Registration Section	VER LETTER
~	
Division of Corporations	
9211 OAK ISLAND LN LLC	
SUBJECT:	
Name of Lit	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Carrie Sue Cunningham	
Name of Person	
9211 OAK ISEAND EN LLC	
Firm/Company	
9121 Oak Island LN	
Address	
Clermont, Ft., 34711	
City/State and Zip Code	
Cunninghamc2009@yahoo.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Carrie Cunningham	107 760-4488
at (	)
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
\$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 NI.	9211 OAK ISLA	ND LN L	LC				
<b>a</b>	me of the limited liability company: 9121 OAK ISLAND LN. Clermont, FL 34711	(b		CISLAND LN. C	Hermont, H	L 3471	l -
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)			
	January 12, 2022		 L220000259	935		. <u>-</u>	
3. 5. (a)	Date of filing/registration in Florida United States CORPORATION AGENTS, INC	4.		Document num	ber		
). (a)	Registered Agent and Registered Office shown on the records of 5575 S. SEMORAN BVLD 36	the Florida	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET 5575 S. SEMORAN BVLD 36	ADDRESS	2	-			
	ORLANDO, FI	32822 L		_			
(b)	Carrie Cunningham			-	rij mi	2023 JAN	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	<del></del>	F	C+ C+ S-	33
	9121 OAK ISLAND LN, CLERMONT, FL, 34711				MARY	$\overline{\omega}$	
	NEW Registered Office Address: 9121 OAK ISLAND LN			-	OF ST	PM 4: 05	O
	CLERMONT, FI	34711 L		-	L ATE	05	
change agent v was/we the arti Signat	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cles of organization or the operating agreement of the literature of a member or authorized representative of a member oby accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. I	e registere ability co of the lime limited l Joe	ed office and mpany, it is ited liability iability com Cunningham in this cand	d the business of shereby confirm y company or as apany.  Printed or typed a pacify I further of	ffice of the ded that the otherwise ame of sign	e regis le chan e prov	tered ge(s) ided in  with the
notified	Ty reflect a change in the registered office address. It in writing of this change.  While Wall Many re of Registered Agent	hereby co	infirm that i	the limited liabil	lity compo	iny hai	s heen

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