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(R€	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	 me)
(Do	cument Number)	<u> </u>
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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:		ntion Section 1 of Corporations								
SUBJI	UBJECT: 6 LIME, LLC									
Name of Limited Liability Company										
Dear S	Sir or Mad	am:								
The en	nclosed Re	egistered Agent/Registered	Office Cha	nge a	nd fe	e(s) are submitted for filing.				
Please	return all	correspondence concerning	g this matte	r to tl	ne fo	llowing:				
		THEODORE R.M. MILLE	R, ESQ.							
		Name of Person				_				
		MILLER TROIANO,	P.A.			_				
		Firm/Company								
		2323 S. FLORIDA AVE	ENUE			_				
		Address								
		LAKELAND, FL 338	03			_				
		City/State and Zip Co	de							
		tmiller@millerlaw	fl.com							
E	E-mail ado	lress: (to be used for future	annual repo	ort no	titica	ation)				
For fu	rther info	mation concerning this ma	itter, please	call:						
	THEO	OORE R.M. MILLER	at (863	3	ի 688-7038				
		Name of Person				Area Code & Daytime Telephone Number				
	Registr Divisio P.O. Bo	g Address: ation Section on of Corporations ox 6327 assee, 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:										
	Ճ \$25 1	Filing Fee		۵	\$ 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	me of the limited liability company: 6 LIM	IΕ, Ι	LLC				
2. (a)			(b)				
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lit (Note: MAYBE)		•	
		137 VAN FLEET COURT			P.O. BOX 30	8		
		AUBURNDALE, FL 33823		-	AUBURNDA	LE, FL	33823	
		3/14/2024		İ	L24000128201			
3.		Date of filing/registration in Florida		4.	Document numb	er		
5.	(a)	MARK E SPANN				, , ,	20	
J. 1	(4)	Registered Agent and Registered Office shown on the records o	t the	Florida Dept. of State	- ::	110	2024 Apic 18	
		137 VAN FLEET COURT					\$	
		Registered Office Address (MUST BE FLORIDA STREET	r.4DI	DRESS)	•		8	
							<u> </u>	
		AUBURNDALE , F	L	33823		JAM	1 7: 28	
(b)	THEODORE R.M. MILLER, ESQ.				>>'''	ω	
`	,	Enter name of NEW Registered Agent and/or NEW Registere	d Of	fice address:	-			
		2323 SOUTH FLORIDA AVENUE						
		NEW Registered Office Address:			-			
					-			
		, F	`L	33803	_			
char ager was	ige it v /we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e reg iabil of th	gistered office and ity company, it is ne limited liability nited liability com	I the business off hereby confirmed company or as	fice of t ed that t	he regis the char	stered 1ge(s)
Si	gna	ture of a member or authorized representative of a member			Printed or typed na	me of sig	mee	
I he provided the to motif	rei visi obl vere fied	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.	gree e per ed fo her	to act in this cape formance of my o or in Chapter 605 eby confirm that t	icity. I further a luties, and I am f , F.S. Or, if this he limited liabili	gree to amiliar docume ty comp	comply with a ent is be cany ha	with the nd accept ring filed s been
	_	re of Registered Agent						
2181	เสเน	te ot vestigieten viseur						

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