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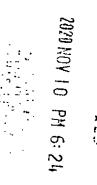
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| The Lewis Firm, LLC SUBJECT: | | | | |
| | mited 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: | | | |
| Leslie A Lewis | | | | |
| Name of Person | | | | |
| The Lewis Firm, LLC | | | | |
| Firm/Company | | | | |
| 755 W. SR 434, Unit F | | | | |
| Address | | | | |
| Longwood, FL 32750 | | | | |
| City/State and Zip Code | | | | |
| llewis@lewistirm.com | | | | |
| E-mail address: (to be used for future annual repo | ort notification) | | | |
| For further information concerning this matter, please of | call: | | | |
| Leslie A Lewis 4 | 647-3428 Ext 102 | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 amoun | rt: | | | |
| ■ \$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. N | ame of the limited liability company: The Lewis Firm, L | .LC | | | | | |
|---|---|--|--|--|---|--------------------------|--|
| 2. (a) | 755 W. SR 434 | (1 | 755 W. | SR 434 | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| , | Mailing address of fin (Note: MAY BE P | | - | • |
| | Unit F | <u> </u> | Unit F | | | | |
| | Longwood, FL 32750 | _ | Longwo | ood, FL 32750 | | · | |
| | 9/01/2001 | | L010000 | 015183 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | <u> </u> | |
| 5. (a) | Leslie A Lewis | | | | | | |
| Σ. (α) | Registered Agent and Registered Office shown on the records of the 1801 Lee Road | itate: | <u>, </u> | 2920 | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | | NO. | 1 | | |
| | Suite 100 | | | | Fig. | - | : PER |
| | Winter Park , FL | 32789 | | | 1. J | 2320 NOV 10 PM 6: 24 | 1 1 1 |
| | | | | | | 6.5 | وكريسية |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | ldress: | | | Ţ., | |
| | Enter haine of province programmes and of the programmes | STILLY W | | | | | |
| | 755 W. SR 434 | | | | | | |
| | NEW Registered Office Address; | | | | | | |
| | Unit F | | | | | | |
| | | | | | | | |
| | Longwood , FL_ | 32750 | | | | | |
| change agent was/w the art Signa I here provis the obto mer notifie | limited liability company is not organized under the law of or changes are made, the Florida street address of the awill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member of authorized representative of a member of a member of a member as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided a city reflect a change in the registered office address. I had in writing of this change. | register bility co f the lin limited Les re to acceptorm l for in 0 | ed office a company, in the diability collic A Lewin tin this canne of mance of manc | and the business offit is hereby confirmed lity company or as company. Printed or typed name appacity. I further agoly duties, and I am fatos, F.S. Or, if this a | ice of the data that the of sign ree to comiliar flocumen | e regis ne chan ne provi | tered ge(s) ded in with t d acc ing fir |