

L03000003853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

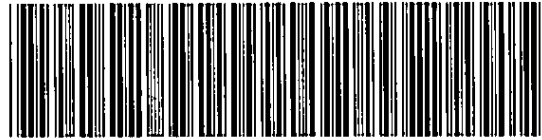
(Business Entity Name)

(Document Number)

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SEP 11 2021

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2021

CYNTHIA HARDISON  
P.O. BOX 856  
POWDER SPRINGS, GA 30127

SUBJECT: 1018 TRUMAN, LLC  
Ref. Number: L03000003853

We have received your document for 1018 TRUMAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

\* The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 221A00019584

\* Please see attached correction.

Thank you,  
*C. Hays*

RECEIVED  
AUG 27 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1018 Truman 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:

Cynthia Hardison

Name of Person

1018 Truman LLC C/O Hardison Law

Firm/Company

P.O. Box 856

Address

Powder Springs, GA 30127

City/State and Zip Code

cindy@hardisonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Hardison

770

439-7967

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 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: 1018 Truman LLC

2. (a) Knight Gardner LLC (c) (b) c/o Hardison Law

Principal office address of limited liability company

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

336 Duval Street

P.O. Box 856

Key West, FL 33040

Powder Springs, GA 30127

7-15-2021

L03000003853

3. Date of filing/registration in Florida

4. Document number

5. (a) KNIGHT & GARDNER REALTY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

336 DUVAL STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Key West, FL 33040

(b) Knight - Gardner LLC (c) (u)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

336 Duval Street

NEW Registered Office Address:

Key West, FL 33040

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.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Signature of Registered Agent

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