## L03000029952

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TALLAHASSEF, FI

JU 09/22/20

## COVER LETTER . . .

TO: Registration Section Division of Corporations	•					
Frowick Properties, LLC SUBJECT:						
Nam	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning thi	s matter to the following:					
Don Frowick						
Name of Person						
Frowick Properties, LLC						
Firm/Company	<del></del>					
7722 Still Lakes Drive						
Address						
Odessa, FL 33556						
City/State and Zip Code						
dk@tampabay.rr.com						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this matter,	please call:					
Caleb M. Knepper	352 692-4888 at ()					
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	S55 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	ame of the limited liability company: Frowick Properties	s, LLC							
ว	(a)	Frowick Properties, LLC		P)	Frowick Pr	roperties, LLC				
<b>~</b> .	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ \	,	,\	Mailing address of (Note: MAY BE				
		3805 North Himes			7722 Still L	Lakes Drive				
		Tampa, FL 33607			Odessa, FL	. 33556				
		08/13/2003		J	.030000299	952				
3.		Date of filing/registration in Florida	4.			Document nun	ıber			
5.	(a)	IRELAND, LEONARD EJR								
٠,	(4)	Registered Agent and Registered Office shown on the records of the	ne Florio	ia f	Dept. of State	• ::				
				_		-	(A)	202		
		Registered Office Address (MUST BE FLORIDA STREETA	<u>DDRES</u>	<u>(S)</u>			A SE	2020 JUL 30	-71	
		18 NW 33RD COURT	· · · · · · · · · · · · · · · · · · ·			_				
		GAINESVILLE , FL	32607			_				
	(b)	SUSAN M. OSSI					OF ST SEE.	AM 8:		
	` /	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ress:	•	PAE	8: 38		
		OSSI LAW GROUP, P.A.				_				
		NEW Registered Office Address:								
		5618 NW 43rd Street				-				
		Gainesville, FL_	32653			_				
ch ag wa	ange ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the l	rs of th registe bility c f the lii imited	rec on mit lia	l office and ipany, it is led liability ibility com	I the business of thereby confirm to company or a	office of the ned that th	e regi: ie chai	stered nge(s)	
_	_	ture a member or aumorized epresentative of a member	—	n t	rowick	Printed or typed:	name of sign	00		
pr the to	here ovisi e obl mer	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	<i>rertorn</i>	7/11	ice of my a	acity. I further duties and I an	agree to c	omply with a	nd accent	
Si	gnatu	re of Registered Agent								