## L040003033S

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
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SECRETARY OF STAT

## **COVER LETTER**

TO: Registration Section Division of Corporations					
MCDUFF III, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Keith Short					
Name of Person	<del></del>				
MCDUFF III, LLC					
Firm/Company	<del></del>				
16733 SE 52ND PLACE	2024 SEC T				
Address	ALLA NOV				
Ocklawaha, Florida 32179	2024 NOV 26 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FL				
City/State and Zip Code					
kshort202@gmail@gmail.com	FL 32				
E-mail address: (to be used for future annual rep					
For further information concerning this matter, please	call:				
Keith Short at (	954 683-7657				
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	nt:				
□ \$25 Filing Fee	■ \$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.

. Na	me of the limited liability company:	.C	
. (a)		()	(b) 16733 SE 52nd Place Ocklawaha, Florida 32179
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	16733 SE 52nd Place		16733 SE 52nd Place
	Ocklawaha, Florida 32179	_	Ocklawaha, Florida 32179
	April 21, 2004		1.04000030335
٠.	Date of filing/registration in Florida	4.	Document number
. (a)	John Andrew Jones		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	da Dept. of State:
	Registered Office Address	ADDRESS	<u>SSS)</u>
	7757 159th Court North		<u> </u>
	Palm Beach Gardens FI	33418	
(b)	Keith Short		SECR TAL
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	2024 NOV 26 PH 3: 32 SECRETARY OF STATE TALLAHASSEE, FL
	NEW Registered Office Address:		OF SEE
	16733 SE 52nd Place		3: 32 STATE FL
	Ocklawaha	32179	7.7
hange gent was/we ne arti Signat	mited 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 liable and the company of the members of the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the wire of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete in the proper and complete in the proper and complete in the registered agent as provided by reflect a change in the registered office address. It is not the proper and complete in the registered office address. It is not the proper and complete in the registered office address. It is not the proper and complete in the registered office address. It is not the proper and complete in the registered of the proper and complete in the proper and complet	registered bility confirmed limited l	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.