

605 000029883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

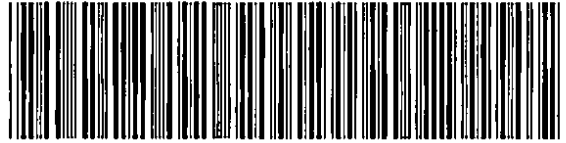
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600393724816

FILED
2022 SEP - 1 PM 1:46
TALLAHASSEE, FL

09/01/2022 1:46 PM

REC'D
2022 SEP - 1 PM 3:50
TALLAHASSEE, FLORIDA

al

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lane P. Smith Properties, 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:

Lane P. Smith

Name of Person

Lane P. Smith Properties, LLC

Firm/Company

241 John Knox Road, Suite 200

Address

Tallahassee Florida 32303-6677

City/State and Zip Code

lane@lpscommercial.com

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

For further information concerning this matter, please call:

Lane P. Smith

at (850) 509-8988

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

FILED
2022 SEP - 1 PM 1:46
CLERK OF JUDGE
TALLAHASSEE, FL

**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: Lane P. Smith Properties, LLC

2. (a) 241 John Knox Road, Suite 200, Tall., FL. 32303-6677 (b) 241 John Knox Road, Suite 200, Tall., FL. 32303-6677

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

241 John Knox Rd Suite 200 Tallahassee, FL 32303-6677

241 John Knox Road, Suite 200, Tall., FL 32303-6677

12-13-2006 03-25-2005

LO5000029883

3. Date of filing/registration in Florida

4. Document number

5. (a) Robert A. Pierce

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

123 South Calhoun St., Tall., FL 32301-1517

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

123 South Calhoun Street

Tallahassee, FL 32301

(b) Lane P. Smith

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

NEW Registered Office Address:

241 John Knox Road Suite 200

Tallahassee, FL 32303-6677

FILED
2022 SEP -1 PM 1:46
TALLAHASSEE, FL

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.

Lane P. Smith

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