| LOS000033566 | | | | |
|---|--------------------------------|--|--|--|
| (Requestor's Name) (Address) (Address) | 700429184517 | | | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | 05/03/24-~01030-~011 **\$55.00 | | | |
| Special Instructions to Filing Officer. | | | | |

COVER LETTER

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| TO: Registration Section Division of Corporations | |
|--|--|
| Easy Homes123.LLC SUBJECT: | |
| | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter t | to the following: |
| Lynn Browning | |
| Name of Person | |
| | |
| Easyhomes123.LLC | |
| Firm/Company | 12 |
| 3830 N Galloway Road | |
| Address | لات |
| Lakeland, FL 33810 | ۲۰۰۰ ۱۰۰۰ |
| City/State and Zip Code | · · · · · · · · · · · · · · · · |
| lynn@easyhomes123.com | |
| E-mail address: (to be used for future annual report | t notification) |
| For further information concerning this matter, please ca | all: |
| Lynn Browning 86. | 3 521-7700 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | <u>Street Address:</u> 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 | \$355 Filing Fee & Certified Copy |
| 1NHS18 (2/14) | 1 |

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.

| (a) | Lynn Browning | | (b) Steve Mitchell | |
|------|---|----------------------------------|-----------------------|--|
| (4) | Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | | Mailing addre | ss of limited liability company <u>Y BE POST OFFICE BOX</u>) |
| | 3830 N Galloway Road | | 2064 Farrington Drive | |
| | Lakeland, FL 33810 | | Lakeland, FL 33809 | |
| | 4/20/2005 | | 1.05000033566 | |
| | Date of filing/registration in Florida | 4. | Document | number |
| (a) | Lynn Browning | | | |
| . () | Registered Agent and Registered Office shown on the recor | da Dept. of State: | | |
| | 3830 N Galloway Road | | | |
| | | | | |
| | Registered Office Address (MUST BE FLORIDA STR. | <u>EET ADDRE.</u> | <u>SS)</u> | |
| | Registered Office Address <u>(MUST BE FLORIDA STR.</u> Lakeland | <u>EET ADDRE.</u> _, FL_33810 | <u>SS)</u> | |
| (b) | | | <u>SS)</u> | |
| (b) | Lakeland | _, FL_33810 | | |
| (b) | Lakeland Lynn Elizabrth Akins | _, FL_33810 | | 17. 17. 17. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 |
| (b) | Lakeland Lynn Elizabrth Akins Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> | _, FL_33810 | | |

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 furticles of organization or the operating agreement of the limited liability company.

Brown M Uл <u>(</u>

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Signature of a member or authorized representative of a member

-yn E Berwning Printed or typed name of signee

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

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.

| ักไ เ | Lynn Browaing | Ste | eve Mitchell | | |
|--------------------|---|---|--|--|--|
| (a) _ | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | (b) | (b) <u>Steve Mitchell</u> Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | | |
| | 3830 N Galloway Road | 206 | 54 Farrington Drive | | |
| | Lakeland, FL 33810 | l.a | keland, FL 33809 | | |
| | 4/20/2005 | L050 | 000033566 | | |
| | Date of filing/registration in Florida | 4. | Document number | | |
| a) | Lynn Browning | | | | |
| | Registered Agent and Registered Office shown on the records | of the Florida Dep | t. of State: | | |
| | 3830 N Galloway Road | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | <u>T ADDRESS)</u> | | | |
| | Lakeland | FL | · | | |
| | Lynn Elizabrth Akins | ۲ لــــــــــــــــــــــــــــــــــــ | · · | | |
| b) _ | | | · | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office address | s~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| | 3830 N Galloway Road | ed Office address | | | |
| | | ed Office addres: | s: | | |
| | 3830 N Galloway Road | <u>ed Office addres:</u> | s: | | |
| | 3830 N Galloway Road | | | | |
| nge nt v /we | 3830 N Galloway Road <u>NEW</u> Registered Office Address: | FL | te of Florida, it is hereby confirmed that after ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in | | |

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

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