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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations	,	
SUB	JECT: Randy of	Ray 5 L. L.C. Limited Liability Company)	
Dear	· Sir or Madam:		
		Office Change and fee(s) are submitted for filing	or.
1116	enclosed Registered Agent/Registered (Since Change and rec(s) are submitted for ming	5 ·
Pleas	se return all correspondence concerning	this matter to the following:	
	Hann R. Boctor		0 01
	(Name of Person)		7 AF
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	(Firm/Company)	S. Z. Z. C.	9 F
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	10631 Savin	es Count	7 APR 19 PM 2: 44
	(Address) / u .,		Ü
	Jacksonvill	0 1713227	
	· (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For f	further information concerning this mat	ter, please call:	
	Henry R. Proctor	at (904) 874-7184	
	(Name of Person)	(Area Code & Daytime Telephone	e Number)
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Englosed is a check for the following	ng 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 608.416 or 608.508, 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. The name of the limited liability company is:	ly & Ray 15, 21.C.
2. The mailing address of the limited liability company is:	10631 Squires Court.
Jacksonville, 71, 39257	
	2050001/6699
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	`
Henry R. Proc Name 3421 Inwood Address Tackgon vill City, State and 2	Combe East OT APR TO SECRETARY OF CONTINUES ON OTHER
6. The name and address of the new registered agent and/or	office:
Hank R. Fractor Name Me 3/ Squines Court Florida street address (P.O. Box	
Tacksonville FL 3 City, State and Zi	2267 p
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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