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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

то:	Registration Section Division of Corporations	. **				
SUBJE	S & T PROPERTIES, L.L.C.					
	Name of Lir	Name of Limited Liability Company				
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Office Char	ige and fee(s) are submitted for filing.				
Please r	return all correspondence concerning this matter	r to the following:				
WARRI	EN T BROWN					
	Name of Person	<u></u>				
	Firm/Company					
1400 E S	STRONG ST					
-	Address					
PENSA	COLA, FL 32501					
	City/State and Zip Code					
TED.KA	ATHY1700@GMAIL.COM					
E-	mail address: (to be used for future annual repo	ort notification)				
For furt	her information concerning this matter, please of	call:				
WARRI	EN T BROWN at (at (982-1907				
	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	it:				
	■ \$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.

• • •	_		
1400 E STRONG ST	(b)	STRONG ST
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
PENSACOLA, FL 32501		PENSAC	OLA, FL 32501
05/03/2006			6765
Date of filing/registration in Florida	— _{4.}		Document number
WARREN T BROWN	٦.		170Cument number
Registered Agent and Registered Office shown on the records 1700 OSCEOLA BLVD	of the Florida	Dept. of St	ate:
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2	7020 SEP
PENSACOLA	FL_32503		
			NY OF ASSET
Enter name of NEW Registered Agent and/or NEW Register		dress:	PHI2: 12 OF STATE SEE, FL
NEW Registered Office Address:			_
1400 E STRONG ST			_
PENSACOLA	FL 32501		
limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited	he registere liability co s of the lim	d office a mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s ity company or as otherwise provided
ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the second of the control of the cont		RREN T B	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent