

(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:	· · · · · · · · · · · · · · · · · · ·				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP	(Address)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/Ctata/Zin/Dhana ft)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/2lp/Fnone #)				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	PICK-UP WAIT MAIL				
Special Instructions to Filing Officer: Office Use Only	(Business Entity Name)				
Special Instructions to Filing Officer: Office Use Only	(Document Number)				
Office Use Only	Certified Copies Certificates of Status				
•	Special Instructions to Filing Officer:				
•					
•					
•					
•	ar 5				
· ·	Office Use Only				
ZBIT NOV					



11/14/17--01019--016 **25.00



COVER LETTER

Registration Section Division of Corporations					
SUBJECT: South Eagle LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Glen A Conner					
Name of Person					
Firm/Company					
4459 Winding Oaks Circle					
Address					
Mulberry, FL 33860					
City/State and Zip Code					
kconner1001@gmail.com					
E-mail address: (to be used for future annual r	report notification)				
For further information concerning this matter, plea	se call:				
Glen A Conner	863 944-6593				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
■ \$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.

1. N	ame of the limited liability company: South Eagle I	LLC		
2. (a)	4459 Winding Oaks Circle	(b) 4459 Winding Oaks Circle		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Mulberry, FL 33860	Mulberr	y, FL 33860	
	05/14/2007	L070000		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Lasman, Jeffrey Mesq.		_	
	Registered Agent and Registered Office shown on the records of C/O Lasman Law Firm, P.A.	the Florida Dept. of Sta	ite:	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	TZ NOV	
	Riverview .FL	33569	(A - Salata)	
(b)	Glen A Conner Enter name of NEW Registered Agent and/or NEW Registered	Office address:	3 AM 7: 50 RY OF SIATE SEE, FLORIDA	
	4459 Winding Oaks Circle	Office audiess.	: 50	
	NEW Registered Office Address:		-	
	Mulberry , FL	33860		
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered office ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob to mer notifie	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change. The property of Registered Agent	ree to act in this ca performance of my d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	

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