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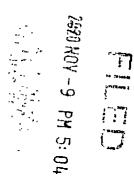
(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
Special instructions to rning officer.								

Office Use Only



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DEC 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SANLANDO PROPERTY HOI	.DINGS, LLC	
	Name of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
ЛМ BROCKMAN		
Name of Person		
SANLANDO PROPERTY HOLDINGS, LLC		
Firm/Company	<u></u>	
561 MCDONALD DRIVE		
Address		
INCLINE VILLAGE, NV. 89451		
City/State and Zip Co	de	
AURURN1979@GMAIL.COM		 .
E-mail address: (to be used for future	: annual report noti	fication)
For further information concerning this ma	itter, please call:	
JIM BROX'KMAN	407 at (929-x250)
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 follo	wing amount:	
22 \$25 Filing Fee	9 :	\$55 Filing Fee & Certified Copy
INHS18 (2-14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Furniant 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.

2 (a)	561 MCDONALD DRIVE		(b) 561 MCDONALD DRIVE					
- 141	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address			•	
	INCLINE VILLAGE, NV 89451		INCLI	NE VILLAGE, N	V 89451	" -		
	05/21/2007		1.070000	053640	····			
3,	Date of filing/registration in Florida	4.		Document no	umber			
5. (a)	LISA CREEDEN							
,. (11)	Registered Agent and Registered Office shown on the records 2485 JENNIFER HOPE BLVD.	of the Flor	ida Dept. of	State:		2629 NOV	-]-]	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					6- Aû	4 g 1 1971 1 7 7 7 7	
	LONGWOOD,	FL 32779				P		
(6)	THOMAS A. THOMAS					5: 04	144	
,	I nier name of NEW Registered Agent and/or NEW Register	ed Office	nddress:	···		_		
	1302 ORANGE AVE							
	NEW Registered Office Address:							
	WINTER PARK	FL_32789	-49!2					
change	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	he regist liability s of the l ne limite	ered office company, imited liab d liability	e and the busines it is hereby conf pility company of company.	s office of th irmed that th	e register e change	red r(s)	
7	itun of a member or authorized representative of a member	<u> </u>	M BROCK	 _	ed name of sign	cc		
There provise the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, it in writing of the change.	gree to d le perfor ded for it I hereby	nct in this of mance of i Chapter confirm th	canacin I furth	or acree to c	omolv wi	th the accept g filed ven	

Division of Corporations P.O. Box 63279 Tallahassee, FL 32314 F1LING FEE: \$25.00