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TALLAN STELFLORIDA

2022 SEP - 1 PH 3: 50

COVER LETTER

Division of Corporations					
Lane P. Smith Properties 1, LLC SUBJECT:					
	Name of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for fili			
Please return all correspondence concerning	g this matter to the	following:	2022 SEP - 1 PM 1: 40		
Lane P. Smith			P -		
Name of Person			9 58EE		
Lane P. Smith Properties 1, LLC					
Firm/Company			fist C		
241 John Knox Road, Suite 200					
Address	· · · · · · · · · · · · · · · · · · ·				
Tallahassee Florida 32303-6677					
City/State and Zip Cod	le	_			
lane@lpscommercial.com					
E-mail address: (to be used for future	annual report notif	ication)			
For further information concerning this mat	ter, please call:				
Lane P. Smith	850 at (509-8988			
Name of Person	(Area Code & Daytime T	elephone 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 follow	ing 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.

I. Na	ame of the limited liability company: Lane P. Smith Prop	perties 1	, LLC				
2. (a)	241 John Knox Road, Suite 200, Tall., FL. 32303-6677	(b) 241 John Knox Road. Suite 200, Tall., FL. 32303-6677					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	241 John Knox Rd Suite 200 Tallahassee. FL 320303-6677	<u>-</u>	241 John	Knox Road, Sui	te 200, Tall	., FL 32	2303-6677
		_					
	05-23-2007		LO700005-	¥726			
3.	Date of filing/registration in Florida	4.		Document nu	mber 🔑	20	
5. (a)	Robert A. Pierce				3>1	2022 SEP - I	
5. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida	a Dept. of Star	te:	<i>}=1</i> >>≅	Ą	
	123 South Calhoun St., Tall., FL 32301-1517				AHAS		
	Registered Office Address (MUST BE FLORIDA STREET A.	_	388	2	m		
	123 South Calhoun Street		mo.	- 			
	Tallahassee	32301		_	PH 1: 40		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	l <u>dress</u> :	_			
	NEW Registered Office Address:			_			
	241 John Knox Road Suite 200			_			
	Taliahassee , FL	32303-6	677	_			
change agent v was/w	limited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability of the liability of the operating agreement of the liability o	egistero oility co the lim imited l	ed office an impany, it i nited liabilit	nd the business is hereby confi ty company or	office of t rmed that t	he regi he cha	istered inge(s)
Signa	ature of a member or authorized representative of a member		<u> </u>	Printed or type	d name of sig	nee	
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	erform for in C	ance of my Thapter 60:	duties, and La 5. F.S. Or. if t	m familiar his docume	with a	ınd accept einy filed
Signati	ure of Registered Agent						

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