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Office Use Only

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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION:

## **COVER LETTER**

Division of Corporations		
SUBJECT: Our Town + the W	workers Cleanups Hauling LLC nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Henry McDougle Name of Person		
Our town & the workers clar	enup & hauling LLC	
1312 NE 28th Ave		
Gainesuille FL 32609 City/State and Zip Code		
beckye sunshine state in surance.com E-mail didress: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Henry McDougle Name of Person	at (352 ) 284-7381 Area Code & Daytime Telephone 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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following 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. Name of the limited liability company: Our 10000	+ the workers Change having LLC		
2. (a) Principal office address of limited liability compar	ny:		
(Note: MUST BE STREET ADDRESS)	Goinesville, FL 32609		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	PO Box 421 Gainesville, FL 32602		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
Registered Agent:	Lauren Lyons		
Registered Office Address:	7307 SW 45 Place # D  Goinesville, FL 32608 5		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	W Registered Office address:		
NEW Registered Agent:	Henry McDougle		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Geinesuille FE32609		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization		
Printed or type II name of signee	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in terely reflect a change in the registered office ny 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**