607000093798

(Requestor's Name)					
(Address)					
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(6:)	10x-1-177-1171	_ 10			
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(·····,	,			
(DO	cument Number))			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



200338711102

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O SIMMONS FEB 1 9 2020

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.

l. Na	me of the limited liability company: Lemon Bay Comp	uter Service	. LLC	
2. (a)	Lemon Bay Computer Service, LLC	(b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,_	Mailing address	of limited liability company BE POST OFFICE BOX)
	30 N. Elm Street			
	Englewood, FL 34223			
	9/13/2007	1.0	7000093798	
3.	Date of filing/registration in Florida	4.	Document n	umber
5. (a)	Floyd V Freyer			
J. (d)	Registered Agent and Registered Office shown on the records of	the Florida Do	ept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET 2	ADDRESS)		
	Englewood, FL	34223		2020 . Seor
(b)	Allan Nobles			JAN
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	ess:	2020 JAN 24 PM 2: 36
	NEW Registered Office Address.			
	2930 Myakka Road			;n о л
	Venice , FL	34293		
change agent v was/we the arti- Signa I here provise the oblito mero notifice	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the mile of a member of authorized appresentative of a member by accept the appointment as registered agent and agricultures of all stautes relative to the proper and complete indications of all stautes in the registered agent as provided by reflect a change in the registered office address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address.	registered (ability comp of the limite limited liab	office and the busines nany, it is hereby confid liability company of oility company. Allan No	s office of the registered firmed that the change(s) r as otherwise provided in DIFS

FILING FEE: \$25.00

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314