

LO8000035369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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--CLERK OF STATE
TALLAHASSEE, FL

To 10/28/20

COVER LETTER

TO: Registration Section
Division of Corporations

Steady Hand LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Twentity Williams

Name of Person

Steady Hand LLC

Firm/Company

7648 Silver Crown Court

Address

Orlando, Florida 32818

City/State and Zip Code

twentity.williams@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Twenty Williams

407

5351550

a1 ()

Name of Person

Area Code & Daytime Telephone 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 following amount:

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

2. (a) _____ (b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7648 Silver Crown Court

Orlando, Florida 32818

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4.	Document number
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando FL 32818

NEW Registered Office Address:

826 North John Street Suite 205

Orlando FL 32818

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent