L08000042533

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

Office Use Only



100453151801

06/26/25--01009--004 **25.00

2025 JUN 26 PM 2: 40

00 0 - 7 11 0

2025 JUH 26 PM 2:

COVER LETTER

	of Corporations		•				
SUBJECT: Ga	urrison Property Services LLC						
	Name of Limited Liability Company						
Dear Sir or Mad	lam:						
The enclosed Re	egistered Agent/Registered	Office Change an	d fee(s) are submitted for filing.				
Please return all	correspondence concerning	g this matter to th	e following:				
Raven Mundy							
	Name of Person						
Garrison Property	y Services LLC.						
	Firm/Company						
PO BOX 510							
	Address						
Dundee FL 3383	8						
	City/State and Zip Cod	e					
raven@garrisonla	and.com						
E-mail ado	dress: (to be used for future	annual report not	ification)				
For further infor	mation concerning this mat	ter, please call:					
Raven Mundy		863 at (439-6550				
	Name of Person	,,, (Area Code & Daytime Telephone Number				
Registr Divisio P.O. Bo	g Address: ation Section n of Corporations ox 6327 ssee. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclose	d is a check for the follow	ing amount:					
■ \$25 F	filing Fee	ū	\$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.

2. (a)	Garrison Property Services LLC		(b)	Garrison Prope	erty Services LLC
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailir	ng address of limited liability company: nge: MAY BE POST OFFICE BOX
	28609 Hwy 27 N			PO BOX 510	
	Dundee FL 33838	_		Dundee FL 338	338
	04/28/08			L08000042533	
3.	Date of filing/registration in Florida Garrison Property Services LLC	4.	_	Doc	ument number
5. (a)	Registered Agent and Registered Office shown on the records of the Tony Benge, Broker	he Flori	da t	Dept. of State:	N2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 28609 Hwy 27 N				2025 JUR
	Dundee FL . FL	33838		_	1 no
(b)	Garrison Property Services LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: Raven Mundy, Broker			ress:	PH 2:40
	NEW Registered Office Address:				
	28609 Hwy 27				
	Dundee FL FL_	33838			
change agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of th registe bility of the li imited	ered ered on mit I lia	office and the npany, it is here ed liability cor bility company n Mundy	business office of the registered eby confirmed that the change(s) inpany or as otherwise provided in y.
	we of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete parties of my position as registered agent as provided to reflect a change in the registered office address. I have the proper and complete in the registered office address. I have the proper according to the property of the propert	re to a perfori for in ereby	ct i nar Ch con		ited or typed name of signee I further agree to comply with the s, and I am familiar with and accept i. Or, if this document is being filed imited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)