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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	e,
Division of Corporations	
SUBJECT: 5-25 Regency LLC Name of Lin	2
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Rhona ORY William Name of Person	<u> 15 </u>
525 GRAND REGENCY	LLC
525 GRAnd Regenc	y Blud
PRANDON FL 335 City/State and Zip Code	
E-mail address: (to be used for future annual repo	Y.Com rt notification)
For further information concerning this matter, please of	all:
Rhmaa CRy WilliamSai (_ Name of Person	8/3, 440.5/04 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
S25 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.

l. Na	me of the limited liability company: 525 Regency LLC.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 525 Grand Regerry E Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BRANDON FL 33510 BRANDON FL 33510_
	F
	<u> L09000014032</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	William Gregory
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	TampA
(b)	Rhord ORV Williams
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	. 525 Grand Regency Blud
	NEW Registered Office Address:
	BRANDON FL. 3.3510
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent v	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	here of a member or authorized representative of a member Rhonda OR V WILLIAMS Printed or typed name of signee
	· · · · · · · · · · · · · · · · · · ·
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
X	Torda (Cry W) Cleams

Division of Corporations

◆ P.O. Box 6327

◆ Tallahassee, FL 32314

FILING FEE: \$25.00