

LO90000 98033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

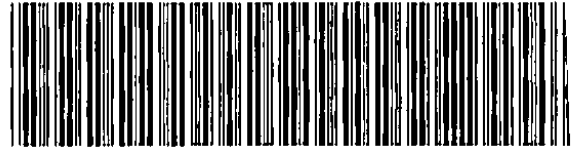
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL -1 PM 1:53
FBI - JEFFERSON

Y SULKER

JUL 12 2019

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- FILED
2015 JUL -1 PM 1:03
SHERIFF'S OFFICE
CLERK

X Robert Schaefer
Signature of a member or authorized representative of a member

Robert Schaefer
Printed or typed name of signee

X _____
Signature of Registered Agent