## L10 0000 31974

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## COVER LETTER \_\_

TO:	Registration Section Division of Corporations		.*	معن ،		
SUBJ	David A. Sapp, Attorney at Law					
		Name of Limited	Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning	ng this matter to the	e following:			
David	А. Ѕарр					
	Name of Person		<del></del>			
David	A. Sapp, Attorney at Law, PLLC					
	Firm/Company		<del></del>			
2172 V	Vest Nine Mile Road #104			32	20:	
	Address			TALI	الـ 20	
Pensac	ola, Florida 32533			AHA	2020 JUN 26	
	City/State and Zip Co	de	<del></del>	YUE	7	
david@	)davidsapplaw.com			Ed TS	က်၊	
ŀ	E-mail address: (to be used for future	annual report noti	fication)	<u> </u>	20	
For fu	rther information concerning this ma	itter, please call:				
David	A. Sapp	850 at (	475-0500			
	Name of Person		Area Code & Daytime Telep	ohone Number		
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, S Tallahassee, FL 32303	Suite 810		
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	CJ 9	☐ \$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.

I. N	ame of the limited liability company: David A. Sapp,	Attorney	at Law, PI	JLC			
2. (a)	1967 Meander Circle, Cantonment, FL 32533		(b) 1967 Meander Circle, Cantonment, FL 32533				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				•
	2172 West Nine Mile #104 (NEW ADDRESS)		2172 West Nine Mile #104 (NEW ADDRESS)				
	Pensacola, Florida 32534		Pensacola, Florida 32534				
	03/23/2010		1.100000	031974			
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a)	David A. Sapp						
J. (u)	Registered Agent and Registered Office shown on the records of 1967 Meander Circle, Cantonment, FL 32533	of the Flori	da Dept. of	State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1967 Meander Circle			SECRE TALI	2020 JUN 26	Ħ	
	Cantonment . F	L 32533			AHA	₩ 26	T.E.JEB
(b)	David A. Sapp				ORETARY OF ALLAHASSEE	골	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			115 (	5: 20	Comp.	
	1959 Fox Quarry Road, Cantonment, Florida 32533				H	20	
	NEW Registered Office Address:						
	2172 West Nine Mile Road #104						
	Pensacola, F	L_32534					
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	e register iability cof the line of the line e limited	red office ompany, nited liab	and the business off it is hereby confirme pility company or as c company.	ice of the red that the	egister change	ed (s)
Signa	ture of a member or authorized representative of a member			Printed or typed nar	ne of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of mil Jange.	ree to ac 2 perforn ed for in hereby c	t in this c iance of r Chapter ( confirm th	capacity. I further ag nv duties, and I am fa 605, F.S. Or, if this a nat the limited liabilit	gree to com amiliar wit document i 'y company	iply wi h and i s being has b	th the accept g filed een
Signatu	re of Registered Agent						

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