## L10000039605

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## COVER LETTER

_	gistration Section ision of Corporations				
SUBJECT:	Large Marge, LLC				
Name of Limited Liability Company					
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please retur	n all correspondence concerning th	is matter to the	following:		
John A. Chui	rchill				
	Name of Person		<del>_</del>		
Large Marge	, LLC				
	Firm/Company		_		
– <del>13217 SW 2</del> 1	nd Court 11793 SE	= 15th	CIRCLE		
	Address	- <del></del> -i	·		
Ocala, FL	34480				
	City/State and Zip Code				
9 rq	patrick @ earyw, address: (to be used for future ann	nk, net	cation)		
For further i	nformation concerning this matter,	please call:			
John A. Chur		239 at (	910-3913		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: gistration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the following	amount:			
€ \$	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14	4)				

## 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.

1. N	Name of the limited liability company: Large Marge, LLC			
2. (a)	(a) 11793 SE 15th CIRCLE OCALA FL 11793 S  Principal office address of limited liability company: 34480 Mailing add	SE IST CIRCLE, OCALA lress of limited liability company: 344		
		MAY BE POST OFFICE BOX		
	-13217 SW 2nd Court	5		
	Ocala, FL 34473			
	04/13/2010 L10000039605			
3.	Date of filing/registration in Florida 4. Documer	nt number		
5. (a	(a)			
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  George H. Knott, Esq.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	., <b>~9</b>		
	1625 Hendry Street, 3rd Floor	024		
	Fort Myers FL 33901	1-   LED		
(b)	(b)	SSEE.		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	LETCH IS:		
	John A, Churchill	07 )RIDA		
	NEW Registered Office Address:			
	11793 SE ISE CIRCLE			
	Ocala , FL 34480			
chang agent was/w the ar	the limited liability company is not organized under the laws of the State of Florida, it is tange or changes are made, the Florida street address of the registered office and the business will be identical. Or, in the case of a Florida limited liability company, it is hereby cas/were authorized by an affirmative vote of the members of the limited liability company articles of organization or the operating agreement of the limited liability company.  John A. Churchill, Manager Signature of a member or permeter or printed o	ness office of the registered onfirmed that the change(s) y or as otherwise provided in		
_	hereby accept the appointment as registered agent and agree to act in this capacity. I fu			
provis the ob to me notifie	ovisions of all statutes relative to the proper and complete performance of my duties, and e obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, merely reflect a change in the registered office address. I hereby confirm that the limited tified in writing of this change.	riner agree in comply what the d I am familiar with and accept, if this document is being filed I liability company has been		
Signat	gnature of Registered Agent			
	Division of Cornerations P.O. Roy 6327a Tallahassee, Fl. 3	2314		

**FILING FEE: \$25.00**