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(F	Requestor's Name)	. -		
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(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
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2011 SEP - 6 PM 2: 49
SECRETARY OF STATE
AND SAME STATE

C. LEWIS

SEP -7 2011

EXAMINER

COVER LETTER

т,	TO: Registration Section Division of Corporations			•	
	SUBJECT: STRONG LANDCLEARING LLC, Name of Limited Liability Company				
	, vaine	71 Ellinico	. Liubi	y company	
	Dear Sir or Madam:				
	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
	Please return all correspondence concerni	ng this m	atter to	o the following:	
	•				
Jason Strong					
	Name of Person				
	STRONG LANDCLEARING	auc.			
	Firm/Company	<i>,</i>	· · · · · ·	· 	
	004 C Fairlens towns				
901 S Fairlane terrace Address					
	Lecanto,Florida 34461				
	City/State and Zip Code				
	cstrong7@vmail.com			•	
	cstrong7@ymail.com E-mail address: (to be used for future annual repo	ort notificatio	n)	_	
	For further information concerning this m	atter, plea	ase cal	II:	
	Jason Strong	at (352)746-1610	
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:	
	Registration Section			gistration Section	
	Division of Corporations			vision of Corporations	
	Clifton Building	1		O. Box 6327	
	2661 Executive Center Circle		Tal	Ilahassee, Florida 32314	
	Tallahassee, Florida 32301				
	Enclosed is a check for the follow	wing amo	unt:		
	\$25 Filing Fee		5 \$	55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	STRONG LANDCLEARING,LLC		
2. (a) Principal office address of limited liability co	mpany: 901 s fairlane terrace		
(Note: MUST BE STREET ADDRESS)	Lecanto, Florida 34461		
(b) Mailing address of limited liability company:	901 s fairlane terrace		
(Note: MAY BE POST OFFICE BOX)			
	Lecanto, Florida 34461		
9/21/2010	L10000098776 S		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show			
Registered Agent:			
Registered Office Address:	1201 Hays Street TALLAHASSEE, Florida 3230 US		
NEW Registered Agent:	STRONG, Jason		
(b) Enter name of <u>NEW Registered Agent</u> and/o NEW Registered Agent:			
NEW Registered Office Address:	901 s. Fairlane terrace		
MUST BE FLORIDA STREET ADDRESS	Lecanto ,FL34461		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the character of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited		
JASON STRONG			
Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.		

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

ignature of Registered Agent