## 

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addross)			
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addless)			
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL			
(Document Number)  Certified Copies Certificates of Status				
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)			
Certified Copies Certificates of Status	, , ,			
Certified Copies Certificates of Status				
	(Document Number)			
Special Instructions to Filing Officer:	Certified Copies Certificates of Status			
Special Instructions to Filing Officer:				
Special instructions to Filing Officer:	Consideration to Effect Office			
	Special Instructions to Filing Officer:			

Office Use Only

ſ



500314373745

06/11/16--01018--026 \*\*25.00



J. HARRIE

## COVER LETTER

Division of Corporations				
SUBJECT: MOSSY OAK Fence U.C. Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Brandi Miller Name of Person				
Mosy Dak Fence Firm/Company				
271 Southridge Industrial DV. Address				
Eusti Tavaves Morida 32775  City/State and Zip Code				
Drandi & Mossydak-fences com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brandi Miller at (407) 900 2940  Name of Person 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 amount:				
■ \$25 Filing Fee				

INH\$18 (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.

1. N	ime of the limited liability company: <u>MOSS y Oqk Feine</u>	e,UC
	271 Southridge Industrial pr. Tavarges R	32-77+ Jane
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	000043/0 <sup>7</sup> Document number
5. (a)	Panchu - Monamed AnnMarie Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- c:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  271 South ridge Transtrial Dr.  [avare] FL 32-77f  [Evin Stone]  Enter name of NEW Registered Agent and/or NEW Registered Office address:  4850 N. Highway 19A	A CONTRACTOR OF THE PARTY OF TH
	Mount Dora EI 32757	
the cha agent v was/we the arti- Signat I herel provisi- the obli- to mere notified	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.  Adi Miller  Printed or typed name of signee