41000065360

| (Requestor's Name) |
|---|
| (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: |
| J. HORNE NOV 2 2 2021 |
| |

Office Use Only



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11/03/21--01006--007 **25.00

SECRETARY OF STA

COVER LETTER

| FO: Registration Section Division of Corporations | |
|--|--|
| Petty One, LLC SUBJECT: | |
| Name of Lim | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Susan N. Petty | |
| Name of Person | |
| Petty One, LLC | |
| Firm/Company | |
| 900 Canal St | |
| Address | |
| Jacksonville, FL 32209 | |
| City/State and Zip Code | |
| mcarney@pettyone.com | |
| E-mail address: (to be used for future annual repor | rt notification) |
| For further information concerning this matter, please c | all: |
| Susan N. Petty 90 at (| 04 695-2200 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount | t: |
| ■ \$25 Filing Fee | ☐ \$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 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.

| (a) | | (| (b) | | |
|-----------------------------|---|--|--|--|-------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 900 Canal St | | 900 Cana | al St | |
| | Jacksonville, FL 32209 | | Jackson | ville, FL 32209 | |
| | 06/03/2011 | | L1100006 | 55360 | |
| 3 . | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | | | | | |
| (, | Registered Agent and Registered Office shown on the records of Tim L. Petty | of the Flori | da Dept. of St | tate: | |
| | Registered Office Address (MUST BE FLORIDA STREET | TADDRES | <u>5.5)</u> | 20: TA | |
| | 1035 Halsema Rd, S | _ | _ | ZIN ECR LLA | y-e |
| | Jacksonville , F | L 32221 | | 2021 NOV -3 SECRETARY FALLAHASSE | = |
| (b) | | | | [**- - | i T |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ed Office a | ddress: | PM 12: 1 OF STATE E. FLOWE | O |
| | Susan N. Petty | | | | |
| | NEW Registered Office Address: | | _ | | |
| | 1035 Halsema Rd. S | | | _ | |
| | Jacksonville , F | L 32221 | | | |
| :hange igent v was/wo | imited liability company is not organized under the less or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited sere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the registe liability of the line limited | red office a company, it mited liabi l liability co | and the business office of the register t is hereby confirmed that the change lity company or as otherwise provide ompany. | red e(s) |
| | / - Ty // | Su | san N. Petty | , | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

notified in writing of this change.

Signature of Registered Agent