## 411000119395

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



100258418411 03/31/14--01053--003 \*\*25.00

14 MAR 31 PH 3: 17
SECRETARY OF STATE
AND ANASSEE, FLORID

APR 0 3 2014

C. CARROTHERS

## **COVER LETTER**

Registration Section TO: **Division of Corporations** Taylor'd Cabinets LLC. Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dean Taylor Taylor'd Cabinets LLC. Firm/Company 1944 Harvest Way Middleburg FL 32068 City/State and Zip Code Taylordcabinets@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Taylor Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** " Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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. Na	ame of the limited liability company: Taylord Cabinets LLC.	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1944 Harvest Way Middleburg FL 32068
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1944 Harvest Way Middleburg FL 32068
10/17/20	011	L11000119395
3. Da	ate of filing/registration in Florida	4. Document number
5. (a	) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	Dean Taylor
	Registered Office Address:	2507 Richard CT  Orange Park FL 32065
(b)	NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:  DEAN TAY OR  1944 Harvest Way  Middleburg FL 32068
	MOST DE LEGITOTE MARIE MODELLE	,FL
confinand the liabilithe me the op	limited liability company is not organized under the larmed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise the description of the limited liability company.	dorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
	I or typed name of signee	
compland I Chapt addre	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po ter 508, F.S. Or, if this document is being filed to me ass/I hereby confirm that the limited liability company	pre to act in this capacity. It further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signati	ure of Registered Agent	

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