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(Re	questor's Name)	- 		
(Address)				
(Address)				
,	•			
	y/State/Zip/Phone	- #D		
(Cit	y/State/Zip/F11011	e 		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
(# -	,			
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only

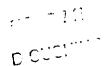


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BA change



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

SUBJECT:Name of Limited 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:			
Sharon Reeves				
Name of Person				
Reeves Sales & Marketing, LLC				
Firm/Company				
308 Tall Pines Ct				
Address				
	()			
Canton, GA 30114				
City/State and Zip Code				
sharonmreeves@bellsouth.net	ري 			
E-mail address: (to be used for future annual repor	i notification)			
For further information concerning this matter, please ca	ill:			
Sharon Reeves 56	1 371-2803			
at (at (Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following amount:	:			
■ \$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)	Reeves Sales & Marketing, LLC		(b) Reeves Sales & Marketing, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	308 Tall Pines Ct		308 Tall Pines Ct
	Canton, GA 30114		Canton, GA 30114
	2/24/2012		L12000026533
	Date of filing/registration in Florida	 4.	Document number
(a)	Sharon Reeves		
	Registered Agent and Registered Office shown on the records of	f the Flori	rida Dept. of State:
	Sharon Reeves		
	Registered Office Address (MUST BE FLORIDA STREE)	ESS)	
	8582 Wakefield Dr		
(b)	Palm Beach Gardens F	L_33410	
			1. 7.
(b)	Ted O. Winter, C.P.A., P.A.		
(b)	Ted O. Winter, C.P.A., P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	address:
(b)		d Office :	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	address:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Ted O. Winter, C.P.A., P.A.	d Office :	address:

the articles of organization or the operating agreement of the limited liability company.

Shawn Reeves	Sharon Reeves
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent