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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MIKE SAWYER, LLC

Name of Corporation

DOCUMENT NUMBER, L120

The enclosed Statement of Change of Registered Office/Agent and fee are submitted to filing

Please return all correspondence concerning this matter to the following:

MIKE SAWYER

Name of Contact Person

MIKE SAWYER, LLC

Firm/Company

1425 TUSKAWILLA RD, STE 209

Address

WINTER SPRINGS, FL 32708

City/State and Zip Code

MIKESAYWER2@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE SAWYER

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of (the corporation: MIKE SAWYER, LLC
2. The principal	office address: 1425 TUSKAWILLA ROAD, STE 209 SPRINGS, FL 32708
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 04/11/2012 Document number: L12000049225
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	UNITED STATES CORPORATION AGENTS INC
	13302 WINDING OAK COURT STE A
	13302 WINDING OAK COURT STE A TAMPA, FL 33612
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	MIKE SAWYER
	1425 TUSKAWILLA ROAD, STE 209
	WINTER SPRINGS, FL 32708
as changed will	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
M	MIKE SAWYER, MGRM Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	06/11/2013
If signing on bo	chalf of an entity:
Mik	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314