L12000143630

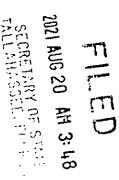
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomsoc Limy Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800371316558

08/20/21--01030--008 **25.00



08/30/2021 JH

COVER LETTER

Division of Corporations		
SUBJECT: Log House Pr Name of Limit	operty LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Raymond Cheshire Name of Person		
Log House Property L	<u>LC</u>	
295 N.W. Commons Loop Ste.	<u>115-3</u> 94	
Lake City, FL. 32055 City/State and Zip Code		
Gateway auction Qu E-mail address: (to be used for future annual report		
For further information concerning this matter, please ca	11:	
Channon M. Rutledge at (813) 478-1835 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:		
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (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.

	ne of the limited liability company: Log House Property LCC
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4345 E. U.S. Highway 90 295 N.W. Commons Loop Ste. 115-30
	Wellborn, FL. 32094 Lake City, FL. 32055
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
3.	Date 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 and Registered Office shown on the records of the Florida Dept. of State: Raymond L. Cheshire
	Zeb Cheshire NEW Registered Office Address: 871 N.W. Guerdon St. Lake City FL 32055
change agent w was/wer the artic	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in less of organization or the operating agreement of the limited liability company. Printed or typed name of signee we accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the patients of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept agations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

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

Signature of Registered Agent