## L1200 160060

| (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: |  |  |
|   |  |  |
| ·                                       |  |  |
|   |  |  |

Office Use Only



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RECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations                  |  |
|--|--|
| SUBJECT: Many Miles LLC  Name of Limited Li                        | iability Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Cha                | inge and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter            | er to the following:   |
| Matthew Howland  |  |
| Name of Person   |  |
| Many Miles LLC   |  |
| Firm/Company   | rates in the second sec |
| 3941 SW 4th PI   |  |
| Address  |  |
| Gainesville, FI 32607  |  |
| City/State and Zip Code  | <del></del>  |
| howlandm@gmail.com   |  |
| E-mail address: (to be used for future annual report notification) | <del></del>  |
| For further information concerning this matter, please             | call:  |
| Matthew Howland at 35  | 52 <u>346-3815</u>   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:   |
| Registration Section Division of Corporations                      | Registration Section Division of Corporations  |
| Clifton Building   | P.O. Box 6327  |
| 2661 Executive Center Circle Tallahassee, Florida 32301            | Tallahassee, Florida 32314   |
| ,  |  |
| Enclosed is a check for the following amour                        | ıt:  |

☐ \$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. Name of the limited liability company: Many Miles LLC   | _   |   |
|--|---|---|
| 2 () 7 2 2 1 2 6 2 2 3 1 2 2 2 3 1 2 2 3 1 | . 00.44 CM 4th Di   | 35.<br>34.  |
| 2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )   | Gainesville, Fl 32607   |   |
| (Noie: MOST DE STREET ADDRESS)   | Canasymo, 11 02001  | <u> </u>  |
|  |   | <del>                                      </del>   |
| (b) Mailing address of limited liability company:  | 3941 SW 4th Pl.   | - XX型 ファ  |
| (Note: MAY BE POST OFFICE BOX)   | Gainesville, Fl 32607   | mo m  |
| · · · · · · · · · · · · · · · · · · ·  |   |   |
|  |   | 워크 주  |
| 12/26/2012   | L12000160060  | <u>5</u>  |
| 3. Date of filing/registration in Florida  | 4. Document number  | 7   |
| 5. (a) Registered Agent and Registered Office shown on t<br>Registered Agent:  | he records of the Florida D   | ept. of State:  |
|  |   |   |
| Registered Office Address:   | 3237 NW 30th Pl.  |   |
|  | Gainesville, Fl, 32605  |   |
|  |   |   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u>  | V Registered Office address  Matthew Howland  | <u>ess</u> :  |
| NEW Registered Office Address:   | 3941 SW 4th Pl  |   |
| (MUST BE FLORIDA STREET ADDRESS)   | Gainesville, Fl, 32607  |   |
|  |   | ,FL   |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Mathia Tourised  | orida street address of the r<br>ical. Or, in the case of a Fl<br>was/were authorized by an   | registered office<br>orida limited<br>affirmative vote of   |
| Matthew Housead  |   |   |
| Matthew Howland Printed or typed name of signee  | -   |   |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company   | gree to act in this capacity.  per and complete perform,  sition as registered agent a  rely reflect a change in the  has been notified in writir | I further agree to<br>ance of my duties,<br>is provided for in<br>registered office<br>ng of this change. |

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