## LB00064728

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L
Office Use Only



11/29/22+ 61017--025 (\*\*860.00





## 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)	730 S. ATLANTIC AVE.		(b)	730 S.	ATLANTIC AV	/E.			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	SUITE 102			SUITE					
	ORMOND BEACH, FL 32176			ORMOND BEACH, FL 32176					
	05/02/2013		[.	.130000	064728				
	Date of filing/registration in Florida	4.	_	_	Document	number			
(a)	ALTON L LIGHTSEY								
(4)	Registered Agent and Registered Office shown on the record	s of the Flori	ida I	Dept, of 3	State:				
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 2105 PARK AVENUE NORTH	<u>ET ADDRE</u>	<u>.s.s)</u>						
	WINTER PARK	FL							
(b)							TALL MHASSLE	2022 NOV 23	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office	add	ress:				V 2	1,00000 1,00000
	222 W COMSTOCK AVENUE						SS.		
	NEW Registered Office Address:						ŗ.	PH 3	$\Box$
	SUITE 200							3: 47	
	WINTER PARK	. FL							
ange ent w is/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical / Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe cles of organization or the operating agreement of	laws of the the registed d liability rs of the li the limited	ne S erec con imit I lia	l office npany, ted liab ability o	and the busine it is hereby cor ility company	ss offic ifirmed	e of the that the	registe chang	ered e(s)

notified in writing of this change.

Signature/filtegistered Agent

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