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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

_{SUBJECT:} NATHAN LEE HEAD, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATHAN LEE HEAD

Name of Person

NATHAN LEE HEAD, LLC

Firm/Company

499-B HWY 231

Address

PANAMA CITY, FL 32405

City/State and Zip Code

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

For further information concerning this matter, please call:

NATHAN LEE HEAD

, 850 , 860

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

- 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: NATHANLEE HEA	D, LLC		_
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 499-B HWY 231 PANAMA CITY, FL 32405		_
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1031-B W 23RD ST PANAMA CITY, FL 32405		<u></u>
05/21/2013	L13000074335		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:	
Registered Agent:	NATHAN LEE HEAD		
Registered Office Address:	4053-J ĐORCH CIRCLE		<u>.</u>
	VERNON, FL 32462	<u> </u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office add	dress:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	499-B HWY 231 PANAMA CITY	OF STATE	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the entical. Or, in the case of a c(s) was/were authorized by twise provided in the article	e registered office Florida limited an affirmative vote	of
NATHAN LEE HEAD Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	d agree to act in this capaci proper and complete perfor position as registered agen merely reflect a change in th any has been notified in wr	ty. I further agree mance of my duties that is provided for in the registered office it in of this change	to 5,

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

Signature of Registered Agent