## L13000 113 Z96

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



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Office Use Only

The

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Old West	Mixed Use, 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	ng this matter to the following:			
Brent Balch Name of Person				
Old West Mixed Use Firm/Company	elle			
4934 W. San Raf	rael St.			
Taupa FL 336 City/State and Zip Co				
E-mail address: (to be used for future	annual report notification)			
For further information concerning this ma	atter, please call:			
Brent Balch Name of Person	at (813) 363-5094 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 Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

## 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.

l.	Na	ame of the limited liability company: Old West Mixed U	Ise LLC
		(b)	
	()	Principal office address of limited liability company: Mail	ing address of limited liability company: lote: MAY BE POST OFFICE BOX)
		14616 Caropy Dr. 146	16 Canopy Dr.
			ipa FL 33626
			50013296
3.			cument number
5.	(a)	Brent Balch	
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		14616 Carppy Dr.	<b>26</b>
		14616 Caropy Dr. Tauga ,FL 33626	2021 HAY
		,112_37(3)	MAY -3
	(b)		S
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	<b>P</b> :
			PH 3:
		NEW Registered Office Address:	10 DA
		4934 W. San Rafael St.	
		Tanpa ,FL 33629	
cha age was the	inge ent w s/we artic	imited liability company is not organized under the laws of the State of Florida or changes are made, the Florida street address of the registered office and the will be identical. Or, in the case of a Florida limited liability company, it is here authorized by an affirmative vote of the members of the limited liability companicles of organization or the operating agreement of the limited liability companication or the operating agreement of the limited liability companication or the operating agreement of the limited liability companication or authorized representative of a member	e business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
I h pro the to n	ereb visio obli nere	by accept the appointment as registered agent and agree to act in this capacity ions of all statutes relative to the proper and complete performance of my dutive ligations of my position as registered agent as provided for in Chapter 605, F.s. ely reflect a change in the registered office address, I hereby confirm that the lift in writing of this change	o. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been

Signature of Registered Agent