## L14000067345

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(0.9,000.000,000.00			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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S. YOUNG

2021 JAH-8 PH 4:5

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
STANDING'S PITT, LLC				
SUBJECT: N	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the	following:		
MANUEL L ASHBAUGH				
Name of Person				
Firm/Company				
2612 ROGERO ROAD				
Address				
JACKSONVILLE FL 32211				
City/State and Zip Code	9	<del></del>		
standingspitt@gmail.com				
E-mail address: (to be used for future a	innual report notif	ication)		
For further information concerning this matt	er, please call:			
Manuel L Ashbaugh	904 at (	328-4504		
Name of Person		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 followi	ing amount:			
■ \$25 Filing Fee	<b>□</b> \$	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.

1. N	ame of the limited liability company:	ITT, LLC			
2. (a)		(b)	)		
<b>-</b> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	6640 TERRY ROAD		6640 TERRY ROAD		
	JACKSONVILLE FL 32216		JACKSONVILLE FL 32216		
	04/25/2014	L	L14000067395		
3.	Date of filing/registration in Florida	— <sub>4.</sub> –	Document number		
5. (a					
J. (u	Registered Agent and Registered Office shown on the records o	f the Florida D	Dept. of State:		
	MANUEL L ASHBAUGH				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2		
	6640 TERRY ROAD				
	JACKSONVILLE . F	32216 L	2		
(b)					
	Enter name of NEW Registered Agent and/or NEW Registere	<u>ed Office addr</u>	Iress:		
			2021 JAH -8 PM 1: 5		
	NEW Registered Office Address:	<u> </u>			
	2612 ROGERO ROAD				
	JACKSONVILLE	., 32211			
	, r	'L	<del></del>		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered liability com of the limit	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
î i	and ash bank		NUEL L ASHBAUGH		
Sign	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob- to me notifie	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.  Light Light Light Comments of Registered Agent	gree to act in c performan ed for in Ch l hereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		