

**L15000028931**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

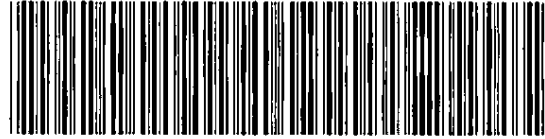
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
MAY 23 2024

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2024 MAY -3 PM 12:51  
FBI - ST. LOUIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flippin Lakeland, 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:

Lynn Browning

\_\_\_\_\_  
Name of Person

Flippin Lakeland

\_\_\_\_\_  
Firm/Company

3830 N Galloway Road

\_\_\_\_\_  
Address

Lakeland, FL 33810

\_\_\_\_\_  
City/State and Zip Code

lynn@easyhomes123.com

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

For further information concerning this matter, please call:

Lynn Browning

863

521-7700

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 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.*

1. Name of the limited liability company: Flippin Lakeland, LLC
2. (a) Lynn Browning (b) Steve Mitchell  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
3830 N Galloway Road 2064 Farrington Drive  
Lakeland, FL 33810 Lakeland, FL 33809  
2/16/2015 L15000028931  
4/26/2005
3. Date of filing/registration in Florida 4. Document number
5. (a) Lynn Browning  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3830 N Galloway Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Lakeland, FL 33810
- (b) Lynn Elizabeth Akins  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
3830 N Galloway Road  
**NEW** Registered Office Address:  
Lakeland, FL 33810

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STATE OF FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ayan E. Browning  
Signature of a member or authorized representative of a member

Lynn E Browning  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Ayan E Akins  
Signature of Registered Agent

**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. Name of the limited liability company: Flippin Lakeland, LLC

2. (a) Lynn Browning (b) Steve Mitchell

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

3830 N Galloway Road

Lakeland, FL 33810

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

2064 Farrington Drive

Lakeland, FL 33809

2/16/2015  
~~4/20/2005~~

L15000028931

3. Date of filing/registration in Florida

4. Document number

5. (a) Lynn Browning

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3830 N Galloway Road

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Lakeland, FL 33810

(b) Lynn Elizabeth Akins

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3830 N Galloway Road

NEW Registered Office Address:

Lakeland, FL 33810

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lynn E. Browning

Signature of a member or authorized representative of a member

Lynn E Browning

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Lynn E Akins

Signature of Registered Agent

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