L150000 42466

(Requ	uestor's Name)	
(Adda)	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)) ···
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900342272659

04/03/20--01012--027 **25.00



APR 1 6 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Adam Layton Mame of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Adam Layton Name of Person	_
Adam Layton Marine	
9600 Chumudkla Hwi	4
Jay FL. 32565 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	CONStation)
For further information concerning this matter, please call:	
Aclambayton at 850 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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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 81	Ada a	, /	ayt		Ma	Cid	10	
	ame of the limited liability company:		100	<u> </u>	1161	1 0	<u> </u>	
2. (a)	Principal office address of limited liability company:		(b)	Mailing ad	dress of limit	(-† C. <u>()</u> ed liabilit	y compar	iy:
	(Note: MUST BE STREET ADDRESS)			_	MAY BE PO.			
	9600 Chunuckla Hwy		960C	OChy	muck	1at	Huy	1
	Jay FL. 32565		Jay	, F	L. 32	756	,<	
			,				4	
_	3/9/2015		L 150	<u> </u>	046	241	66	
3.	Date of filing/registration in Florida	4.			nt number			
5. (a)	United States Corporation Registered Agent and Registered Office shown on the records of							
		/ /	ida Dept. 01 Stat	.c.				
	S575 Semoran Blvd Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	_		ئے۔ جات	202	
	Suite 36		_		;	255 255	2020 APR	-77
	OPI MILON		76277	-		포로그 보유당	₹ .	Caracas Farence
	URLHIVIO FI	<u>:ک</u> _ا	<u> メマ ア </u>	<u>-</u>		SS:	ယ်	1 1-27
(b)	Adam Layton						AH	7 1
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	uddress:	_			7:	
	9600 (1)					- E	Ē.	
	NEW Registered Office Address:	wy		_				
	registered vinet radical.							
				-				
	Jay FI	3	2565					
1 & a l 3		 cat	Contract CEL	tor 	1		المالية	
change	imited liability company is not organized under the la- or changes are made, the Florida street address of the	registe	ered office an	d the bus	iness office	e of the i	register	ed
	vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of							
the art	cles of organization or the operating agreement of the	limited						
Signa	ture of a member or authorized representative of a member	_	Hda	n L Printed o	Lacy-	of signer		
I here	by accept the appointment as registered agent and agi	ree to a	ct in this can	acity. I fi	urther asre	e to con	anlv wit	h the
provis the ob	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is	perfori d for in	nance of my 6 Chapter 605	duties, ar F.S. O	id Lam Jan r. if this do	iiliar wi. cument i	th and c is being	iccept filed
io mer notifie	ely reflect a change in the registered office address, I i I in writing of this change.	nereby	confirm that i	ine timite	ed Hability	compan	v nas be	en:
fels	n] - [] re of Registered Agent							
المعلقيت	te or deference riferii							