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COVER LETTER

10.	Division of Corporations		•
	OUTLAW & COMPANY FAM	IILY OFFICE, LLC	
SUBJ	ECT:		
		Name of Limited L	iability Company
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Jesse	A. Outlaw		
	Name of Person	.	
OUT	LAW & COMPANY FAMILY OFFICE,	LLC	
	Firm/Company		
1245	HEWLETT PLAZA #252		
	Address		<u> </u>
HEW	LETT, NY 11557		
	City/State and Zip Co	de	
Jesse	Outlaw03@gmail.com		
i	E-mail address: (to be used for future	annual report notif	ication)
For fu	rther information concerning this ma	tter, please call:	
Jesse	A. Outlaw	786	682-9268
		at (
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the follow	ving 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. N	ame of the limited liability company: OUTLAW & COM	4PAN	Y FAMILY OF	FFICE, LLC			
2. (a)	1245 HEWLETT PLAZA #252		(b) 1245 HEV	VLETT PLAZA #	252		
(,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE	limited liab	•	
	HEWLETT, NY 11557		HEWLET	T, NY 11557			
	January 6, 2020		L150001493	392			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a	UNITED STATES CORPORATION AGENTS, INC.						
	Registered Agent and Registered Office shown on the records of t 13302 WINDING OAK COURT	he Flor	ida Dept. of Stat	e:			
	Registered Office Address - <u>(MUST BE FLORIDA STREET A</u> SUFTE A	_					
	TAMPA FL	33612		_	Sis	20′	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and or NEW Registered 7901 4th St N STE 300 NEW Registered Office Address:	Office	address:	_	AHASSELTT ORIDA	2020 JAH 13 AM 9: 58	FILED
	St. Petersburg . FL.	337	'02				
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist bility f the l	ered office an company, it is imited liabilit	d the business of the business	ffice of the	ne regis he chan	stered age(s)
	Jose Outle		! 	Jesse A. Outlaw			
I here provis the ob to me	and of a member or authorized representative of a member thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in verifing of this change	ee to a nerfor l for it ereby	ict in this cape mance of my o i Chapter 605 confirm that	Printed or typed in acity. I further a duties, and I am 5, F.S. Or, if this the limited liabi	agree to c	omoly	with the id accept ing filed s heen
Signat	ure of Registered Agent						