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(D-		
(RE	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	- t h
(Cil	ty/State/Zip/Filone	- #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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MAR 1 8 2022

COVER LETTER

TO: Registration Section Division of Corporations		•					
Siddall Holdings, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	Office Change and	d fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the	e following:					
Thomas Siddall							
Name of Person							
Siddall Holdings, LLC							
Firm/Company		 					
10111 Carnoustie Place							
Address							
Lakewood Ranch, FL 34211							
City/State and Zip Code	?						
ThomasSiddall@hotmail.com							
E-mail address: (to be used for future a	innual report not	ification)					
For further information concerning this matte	er, please call:						
Thomas Siddall	832 at (439 7715					
Name of Person		Area Code & Daytime Telephone Numbe					
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	ng amount:						
■ \$25 Filing Fee	O	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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	me of the limited liability company: Siddall Holdings,	LLC	<u> </u>	. —	 .		
2.	(a)	10111 Carnoustie Place	((b) 10111 Car	noustie Pla	icc		
٠.	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		_	ress of limited liabil IAY BE POST OFF		•
		Lakewood Ranch		Lakewood	Ranch			
		FL 34211		FL 34211				
		17th November 2015		1.150001945	597			
3.		Date of filing/registration in Florida	4.		Documen	nt number		
5.	(a)	Bill Harve						
<i>J</i> .	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4th St N, Ste 300						
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>55)</u>	_		2022 1333 1	
		St. Peteresburg , F	L	36	_		写 二	* * * * * * * * * * * * * * * * * * *
	(b)	Thomas Siddall					H	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	iddress:	_		.:'	•
		10111CarnoustiePlace					77	
		NEW Registered Office Address:						
		Lakewood Ranch . F	L_34211		_			
chage age wa the	ange ent v s/we arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the li- e limited	red office and company, it is mited liability liability con	d the busing the second of the	ness office of the confirmed that the y or as otherwis	e registe le chang e provid	ered e(s)
	Signal	ture of a member or authorized representative of a member		111000/	Printed or	typed name of sign		

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.

Konce Signature of Registered Agent doll