

L16 000058319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

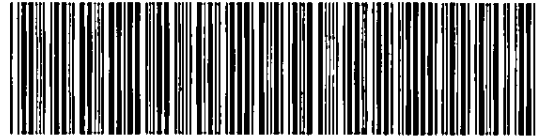
(Business Entity Name)

(Document Number)

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O SIMMONS
JAN 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 17/21 Lancers 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:

C. Glenn Leonard, Esq.

Name of Person

Leonard & Morrison, P.A.

Firm/Company

2817 E Oakland Park Blvd, Suite 201-A

Address

Fort Lauderdale, Florida 33306

City/State and Zip Code

C. Glenn Leonard, Esq. at cglenn@leonardmorrison.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Glenn Leonard at (9545660096) _____
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: 17/21 Lancers LLC

2. (a) 4705 NE 25th Ave, Ft. Lauderdale, Fla 33308 (b) same
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 3/18/2016 Date of filing/registration in Florida 4. L16000058319 Document number

5. (a) David Mann
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4705 NE 25 Avenue, Fort Lauderdale, Florida 33308
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
 _____, FL _____

(b) David Ken Mann
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
4705 NE 25 Avenue, Fort Lauderdale, Florida 33308
NEW Registered Office Address:
 _____, FL _____

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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.

David Ken Mann Signature of a member or authorized representative of a member David Ken Mann 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.

David Ken Mann Signature of Registered Agent