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Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations								
•								
SUBJECT: MAIIS MACHIGE ST	1010 LLC							
SUBJECT: MAIIS MACHIAC Shop LCC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.							
Phono rature all correspondance concerning this matter to the	Collowing:							
Please return all correspondence concerning this matter to the f	ollowing.							
MATTHEN S PEERICE								
MATTHEW 5 PEEBLES Name of Person	_							
matte machine show ICC								
MATTS MACHINE Shop CCC Firm/Company	_							
·								
820 PAW Printe AV								
820 PAW PRINTS AV Address								
m (1 Bayane / El. 32234								
M E C BOLLAN E / FL. 32934 City/State and Zip Code	_							
- ,								
MATTS MAChin (Shop & Gmail. E-mail address: (to be used for future annual report notifi	com							
E-mail address: (to be used for future annual report notifi	cation)							
For further information concerning this matter, please call:								
to rule in contains and the contains								
MATTHEW PEEBLSS at 321) 254-1718							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address:	Street Address:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations The Centre of Tallahassee							
P.O. Box 6327	2415 N. Monroe Street, Suite 810							
Tallahassee, FL 32314	Tallahassee, FL 32303							
	1 ananasse, 1 to 34303							
Enclosed is a check for the following amount:								
≌ \$25 Filing Fee □ \$5	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. Na	ame of the limited liability company: MATTS	MA	chin	E shop	2 66	,	
	820 PAWPRINTS AV			2 PAL			,
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address (Note: MAY E	of limited liabi	lity compar	ny:
	mccBourne, FL 32934	-	_m {	- L Bour	18 FC.	322	34
				. ,		·	
	4/20/2016		616	00007	7784		
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5 (a)	JAMES D PEEBLES						
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	- le:			
	820 PAWPRINTS AU						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS					
					' <u>:</u> "	71	
	1 / / / / /		2 - 4	_	1	202 8 DEC	
	MECBOURNG, FL	32	834 <u> </u>	_)EC	•
(b)	MATTHEW PEEBLES				-	28	٠,
•	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AM 7:	i !
					_, :-	ښا لر	ne !
	820 PAW Prints AV			_	r <u>d</u> ,	2	
	NEW Registered Office Address:				,		
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	_ vn El Bounns ,FL	32	234				
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change	imited liability company is not organized under the law or changes are made, the Florida street address of the i	registere	d office an	d the business	office of th	e register	red
agent v	vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	bility cor	npany, it i ted liabilit	s hereby confi	rmed that th	e change	c(s) ed in
the arti	icles of organization or the operating agreement of the l	imited li	ability con	npany.	as offici wis	c provide	A III
n	ture of a member or authorized representative of a member	,	NATT	74 E W Printed or types	PESB	7 55	
Signa	ture of a member or authorized representative of a member			Printed or type	d name of sign	ec	
I here provisi the obl to mer notified	by 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 ely reflect a change in the registered office address, I ha d in writing of this change.	e to act performa for in C ereby co	in this cap nce of my hapter 605 nfirm that	acity. I furthe duties, and I a 5, F.S. Or, if the the limited lia	r agree to co m familiar v his documen bility compo	omply wi with and o it is being iny has b	th the accept g filed een

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent