Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PEEK & ASSOCIATES

Account Number : I20180000018

: (984)596-8524

Fax Number

: (904)596-8524

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE LANE LAND DEVELOPMENT, LLC

Certificate of Status	0
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APR 2 0 2018

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COVER LETTER

	egistration Section livision of Corporations					
SUBJEC	Lane Land Development, LLC Name of Limited Liability Company					
SCHOPC						
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered Offic	ce Change and fo	ee(s) are submitted for fil	ing.		
	urn all correspondence concerning this			Ū		
Please lei	um an correspondence concerning this	s manter to me re	Charles P.O.			
Charles	L. Miska					
Onanoe	Name of Person		- ·•.			
	Name of Person		1.	7-:		
Peek &	Associates					
	Firm/Company		_			
200 E. I	Forsyth Street		· · · · · · · · · · · · · · · · · · ·	55 EF 6		
	Address		_			
Jackson	nville, FL 32202			R ORIUA		
	City/State and Zip Code		_			
cmiska(@peekassociates.com					
E-n	nail address: (to be used for future annu	ual report notific	cation)			
For furth	er information concerning this matter,	please call:				
Charlee	L. Miska	904	596-8524			
	Name of Person		Area Code & Daytime T	elephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		istration Section sion of Corporations Box 6327				
Enclosed is a check for the following amount:						
C	3 \$25 Filing Fee	□ \$55	Filing Fee & Certified C	Сору		

INHS18 (2/14)

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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 affice or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Lane Land		ent, LLC	
2. (a)	1857 Wells Road, Suite 202	(b)	Same as	s Principal Address
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Jacksonville, FL 32073			taiting address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
2	7/7/2016 Date of filing/registration in Florida	l	.1600012	25762 Document number
3.	Peek & Associates	77.		Document Hamber
5. (n)	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State	
	Registered Office Address 14 East Bay Street	ET ADDRESS)		APR 1
	Jacksonville	FL 32202	<u> </u>	9
(b)	Peek & Associates		<u>.</u>	
•	Enter name of NEW Registered Agent and/or NEW Regist	<u>ered Office add</u>	ress:	10 ₁₄
	NEW Registered Office Address:			
	200 E. Forsyth Street		··	
	Jacksonville	, FL_32202	····	
agent was/w the art	imited liability company is not organized under the image or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regised liability co ors of the limited li	tered office mpany, it is ited liabilit ability con	and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
	ture of a member or authorized representative of a member	Cha —	irlee L. M	Printed or typed name of signee
I here provis the obt to mer notifie	by accept the gopointment as registered agent and ions of all statutes relative to the proper and compligations of any position as registered agent as proveing vellocia change in the registered office address in writing of this change.	l agree to act lete perform vided for in C s, Unereby ec	in this cap ince of my hapter 602 wfarm that	
Signal	are of Registered Agent		<u>3.</u>	